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ABSTRACT

This document is a collection of the second session of hearings on drug abuse in the schools, conducted for the House of Representatives' Select Committee on Crime. This particular part delves into the drug problem in Chicago. Witnesses from this city whose statements were heard in the 1972 hearings include attorneys, school principals, and executive administrators of city school systems. Relevant data are included in tables and charts throughout the documents. The findings on the other cities involved in these hearings can be found in the ERIC collection. (SES)

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DRUGS IN OUR SCHOOLS

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HEARINGS

BEFORE THE

SELECT COMMITTEE ON CRIME
HOUSE OF REPRESENTATIVES

NINETY-SECOND CONGRESS
SECOND SESSION

CHICAGO, ILL.

SEPTEMBER 21-23, 1972; CHICAGO, ILL.

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DRUGS IN OUR SCHOOLS

THURSDAY, SEPTEMBER 21, 1972

House of Representatives,
Select Committee on Crime,
Chicago, Ill.

The committee met, pursuant to notice, at 10 a.m., in the hearing room of channel 11, 5400 North St. Louis Avenue, Chicago, Ill., the Honorable Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Murphy, and Rangel.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman **Pepper**. The committee will come to order, please.

The House Select Committee on Crime of the U.S. Congress is delighted to be in Chicago for a third in a series of hearings to determine the extent of drug abuse in our Nation's schools.

We are pleased to have, as members of the committee, here this morning the Honorable Charles Rangel, of New York; your own distinguished Congressman, the Honorable Morgan Murphy, of Chicago: and I am Claude Pepper, of Florida.

On my left is our able chief counsel, Mr. Joseph A. Phillips; next to him is Mr. Michael W. Blommer, associate chief counsel; and beyond him is Mr. Chris Nolde, associate counsel to the committee.

The national drug epidemic has been especially devastating to our major cities. In New York we found that drug abuse, and the crime integrally connected with it, was corroding and destroying the very fabric of the school system. According to many responsible officials the schools had become sanctuaries and havens for drug sales due to the laxity and ineffectiveness of the drug officials. Drug abuse in New York City's schools is spreading most tragically, and in many respects is taking on the proportions of an epidemic.

Although the condition in Miami, where we held our hearing on July 5, 6, and 7, is not yet as desperate as New York, the situation there was described by a member of the school board of Dade County, a medical doctor, a former juvenile court judge, and a gentleman in charge of a treatment program, as "epidemic."

So, Miami, also, is in the midst of a serious drug epidemic in its nascent or preliminary stage.

Chicago has not been spared by this epidemic. Drug abuse here has already assumed deadly proportions. In the last 3 years deaths from drug overdoses have jumped more than 50 percent. In that period more than 85 teenagers have died of overdoses of heroin, barbiturates, and other drugs. And in my own county, Dade County, Fla., in the last 5 years over 450 people have died from taking heroin. In addition to the overdoses which result in death, there are a tremendous number of young people who suffer overdoses and survive. One small private hospital which compiled statistics for us showed 287 overdoses in that hospital last year. More than 60 percent of the overdoses were young people. Neither the schools nor health authorities, we are told, compile statistics on these critical indicators. The IBM forms on which these overdoses are reported are merely piling up and collecting dust, we are advised, in the files of the board of health. What is even more startling is that none of the individuals who survived the acute drug overdose were given any post-emergency or post-hospitalization followup or treatment for drug addiction.

Although the narcotics addiction problem covers many important areas, our predominant focus during these hearings will be on drugs in the schools. By the "schools," we, of course, are talking generally about the elementary and secondary schools.

The Chicago school system is one of the largest in the country. It has over 29,000 employees who provide education for 142,000 high school students in 59 schools and 455,000 elementary school students in 501 schools. In addition to the public school system the Catholic Church maintains high schools for 66,793 pupils and grammar schools for over 196,000 students. In that system there are over 11,000 teachers.

The drug abuse problem in Chicago schools is widespread and it is consistently growing worse. Drug abuse is so extensive that one public official advised the committee that it is easier to buy drugs in school than it is to buy note paper.

A recent survey of representative schools in Chicago clearly demonstrates that point: More than 25 percent of high school students had used "downers." barbiturates: 20 percent had used "ups," amphetamines; 18 percent had used cocaine; and more than 6 percent had used the deadly heroin. The students who take these drugs come from every maor socioeconomic, religious, and ethnic group. The drugs used by these students are most commonly bought and sold right on the school grounds. That is our experience wherever we have had hearings. It is most disheartening to note that the drug pusher in our schools is not the usual criminal but is most often one of the students selling dope in order to get the money to satisfy his or her own addiction.

During the course of the hearings the committee expects to hear testimony establishing that many school officials have refused to recognize the drug abuse problem in their schools and bring it out in the open for fear that the students' parents will think badly of them or their schools. One State's attorney has described the school officials' conduct as a "giant conspiracy of silence." Ignoring the drug abuse problem only exaggerates the consequences. It is because of this coverup that teenage drug abuse has tripled in the Nation over the last 2 years.

We also anticipate hearing testimony that teachers are unable, or unwilling, to cope with students high on drugs. Teachers are often no better prepared than parents to recognize and effectively deal with drug-related problems. When a student is found to be under the influence of drugs in class, he is usually ignored unless he disturbs the class. And that is not only here, that is everywhere we have been. In addition, evidence will be adduced that the school system's drug abuse education program is ineffective and almost nonexistent.

It appears, moreover, that the board of education has displayed little or no initiative in combating this crisis. And that, too, applies wherever we have had hearings. It was only last week—long after our inquiry began in Chicago—that the board passed a resolution requesting additional funds for drug abuse prevention.

From all this, it appears that concerted and determined effort by the National, State, and local governments is desperately needed if this crisis is to be abated. The Federal Government must take an active and prominent role in the fight against drug abuse, especially in our schools. We cannot let these young children's lives turn into crime, degradation, and death. It is my hope that these hearings will be the first step in a march which results in reclamation of these young drug users. We hope it is the beginning of a national commitment to assure drug-free schools all over the Nation.

We will be taking testimony from leading legal, medical, and academic authorities concerned with the problem of drug abuse. We will hear from a cross-section of the school system, including the superintendent, school administration, principals, and classroom teachers. We will also call a number of school-age youngsters who have been in the drug scene and can testify from firsthand experience about the crisis in our schools.

Other witnesses include people involved with this problem on a day-to-day basis—the representatives from some community drug rehabilitation facilities here in Chicago.

The Select Committee on Crime is here as the result of Congressman Morgan Murphy's resolution calling for this hearing. As a result of his 14-nation survey of the international narcotics traffic, Congressman Murphy has become one of the Nation's leading experts on narcotics problems. In addition to Congressman Murphy and the other members of the Select Committee on Crime we have invited all of the members of the distinguished delegation of Illinois in the U.S. Congress to attend and participate with us in these hearings.

We have scheduled 3 days of hearings to determine the extent of drug abuse in Chicago schools. The committee originally planned to hold these hearings in the Illinois Supreme Court Chamber. We were accorded the privilege by the Supreme Court of Illinois to hold our hearings there. Subsequently, however, channel 11, this excellent educational television station, advised us there was substantial public interest in our hearings and they requested that we hold our sessions in their hearing room, which has been so appropriately provided for us, in order to facilitate public broadcasting. Channel 11, as a public service, intends to broadcast our hearings in the evening when parents, teachers, and schoolchildren will have an opportunity to benefit from them. It will also make tapes of the hearings available to the remainder of the media. The tapes will also be made available to school authorities for educational purposes.

The committee wishes to commend channel 11 for making available its excellent facilities to us and for its most hearty cooperative effort with us in our endeavor to disclose this problem and to seek answers to it.

I would like now to invite my distinguished colleague, a member of the committee, the Honorable Morgan Murphy, one of Illinois' outstanding Congressmen, to make any comment he would like to make before we hear our first witness.

Mr. MURPHY. Thank you. Mr. Chairman, my colleague Mr. Rangel from New York, ladies and gentlemen: I would also like to single out channel 11 for its courage and foresight in providing these facilities today for the message we hope to bring to the people of Chicago as a result of these hearings. We all praise channel 11 for this public notice.

The chairman mentioned that 2 years ago Congressman Steele and I went around the world on a heroin study. One of the things that happens when a U.S. congressional committee gets into this field of narcotics—and it happened to Congressman Steele and I as a result of our worldwide travel—is that a lot of people do not want to recognize the significance of the drug problem in the United States and in the world. We have run into resistance, not only from the press and other people, but also from Congress.

As an example, the Armed Services Committee had a "Subcommittee on Alleged Drug Abuse in the Armed Services." Since our report came out, they have changed the name of the subcommittee to "Subcommittee on Drug Abuse in the Armed Services."

However, the purpose of this committee here today is not to embarrass any Government institution, or any particular person, or any board of education; the sole purpose of this committee is to bring home the seriousness and extent of the use of drugs in our schools.

At the conclusion of our report is a paragraph I would like to read, and I will close my remarks with it. It refers to the international situation, but I think it also applies to the local scene as well:

> We must be willing to devote more resources, human and material, to fight the illegal international traffic in heroin, including the exercise of economic and political pressures when necessary. If that means the imposition of economic sanctions or the exercise of political initiatives, we must be willing to follow that course of action. We are fighting to save generations of young Americans from the scourge of heroin. As in any war, we must bring all of the weapons available to the point of decision.

This is the purpose of our committee in attacking drug abuse on our home base, here in our cities and in our high schools, where our youth reside and live.

I want to again thank channel 11 for making these beautiful facilities available to us.

I would like to introduce my colleague from New York who represents the 18th District, including Harlem, which for years has been suffering with this problem. This man has been like a voice in the dark screaming for action for years, and it was not until this scourge of heroin started affecting our boys in Vietnam, our upper and wealthy white- and middle-class neighborhoods around the country, that the Congress and other public officials and the press started to be interested in it. It has been a monkey on the backs of black Americans for years, and there is nobody that represents those people in their plight better than my colleague, Mr. Rangel, of New York.

Do you want to say something, Mr. Rangel?

Mr. RANGEL. Thank you, Congressman, Mr. Chairman, and staff members.

I think no one can deny that the contribution you have made as a new Member of Congress to highlight the conditions that exist in Chicago and, indeed, throughout the Nation and the world, are to be commended. I am very glad that you did take the initiative to bring us to Chicago, and I am very anxious to hear my distinguished colleague, Congressman Annunzio, whom I have supported in his efforts in this very serious problems over the years.

Mr. **Murphy**. Thank you very much, Mr. Rangel.

I would like to introduce a colleague of ours in Congress, Congressman Frank Annunzio.

Congressman Annunzio is a member of two very powerful committees in the Congress; one is Banking and Currency, and the other is House Administration.

For the people who do not understand the workings of Congress, the House Administration Committee funds the other committees. There was a lot of opposition to the creation of the Select Committee on Crime, with some people feeling we were going to step on toes and expose things that might be better off not being exposed.

It was through the efforts of Frank Annunzio on the floor of Congress and his personal leadership which provided the funds for this committee from which to operate.

I think the people of the United States, especially the people of Chicago, owe a deep debt of gratitude to Congressman Frank Annunzio.

Congressman, we are pleased you took time from your busy schedule to come here today and open these hearings.

Chairman **Pepper**. I want to supplement what my distinguished colleague has said. Our colleague from Illinois is a member of the Banking and Currency Committee of the House, one of the powerful committees of the House. He is, as my distinguished colleague Mr. Murphy has said, not only a member of the House Administration Committee, which is the committee that regulates the affairs of the House of Representatives, but he is also the chairman of the Special Subcommittee on Personnel of the House Administration Committee, a most important assignment. He is also a member of the senior committee of the Democratic caucus, recognizing his influence and prestige in the House of Representatives.

I know, as chairman of this committee, that it would not be possible for this committee to have been revived and to function, but for the distinguished leadership in supporting our funding which came from our colleague from Illinois.

A real statesman of our country and a distinguished Representative of his area, I am pleased therefore to commend also the distinguished Member, the Honorable Frank Annunzio, and ask him to proceed with his statement.

STATEMENT OF HON. FRANK ANNUNZIO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. **Annunzio**. Thank you, Mr. Chairman.

I welcome the Select Committee on Crime to the city of Chicago. Chairman Claude Pepper, whom I have known for over 25 years, compiled a brilliant record as a Senator from Florida and now has a brilliant record as a Member of the House of Representatives and as chairman of this very important committee.

I want to especially congratulate my distinguished colleague from New York, Representative Charles Rangel, who has dedicated himself to the solution of this problem facing the young people of America;

and the other members of the committee for the outstanding job they have done in calling to the attention of the American people the viciousness of the drug problem confronting the youth of America.

I am especially delighted that my distinguished colleague from Chicago, Hon. Morgan Murphy, serves on this committee. As a member of this committee and as a member of the Foreign Affairs Committee, he has devoted himself to the solution of this problem. He has traveled across the ocean, and has consulted with the Turkish Government; he has made recommendations to his committee and has been in the forefront of the fight to stop the importation of heroin.

As a member of the House Administration Committee, I have, as the chairman so indicated, voted for all the necessary moneys requested by this committee in order to carry on effectively its work against crime. I know of the tremendous reception the work of this committee had in Miami, and in New York, where you have already held hearings, and I am sure your hearings in Chicago will be both fruitful and productive in helping to resolve this problem in my own city of Chicago.

As a former public school teacher, having taught at Charles Shurz High School in the city of Chicago, and like hundreds of thousands of parents in my city, I am tremendously concerned with this problem confronting our young people.

If America is to remain the strongest nation in the world, and especially among the free nations of the world, it is the duty and responsibility of all of us to take strong steps to resolve this problem. America has had the determination to build the finest standard of living of any country in the world. She has made tremendous advancements in science, commerce, and industry, so that today we are respected and all the nations of the world consult us on technological advances for their own countries.

It seems to me, as a Member of the Congress, that if we possess the know-how to resolve all of these other problems, then surely we can resolve the drug problem confronting our Nation.

As in all major cities, Chicago does have a problem, but once again, like other major cities, we do not have an accurate measurement of the problem. For instance, a study conducted during 1971 revealed that 50.75 percent of the people who responded to a questionnaire felt that illegal drugs were a problem for school communities. The same questionnaire distributed among school staffs revealed that 41.43 percent of the respondents felt that illegal drugs were a problem in the schools. On a small scale, recently, one of the teachers of a girls' physical education class in one of our large high schools, surveyed her class and found that 55 percent of the girls admitted to having tried some form of drugs; 85 percent felt certain that there was a drug problem in the school, and, perhaps most disturbing, 65 percent said that a drug education program if conducted in the school would do little good toward solving the problem.

This is disturbing because many educators feel that one of the answers to the drug problem is a widespread educational program throughout our school system. In many school systems, however, students have been exposed to drug education since the fifth grade, and there has been no marked improvement in the drug problem in these schools.

This is not to say that we should abandon our efforts on drug education, but rather that we should look for new teaching methods. And, of course, there is always the problem as to how much time to spend in this area. There are just so many hours in the schoolday and during that time a wide range of materials and subjects must be covered. Within these areas there must be priorities, and hopefully the day will never come when we will have to spend more time on drug education than we do on academic subjects.

I am convinced that to solve the drug problems in our schools we must complement or supplement the drug education program with a strong law inforcement program aimed directly at the pusher, or those who sell hard-core drugs.

To accomplish this, I am proposing that the Federal Government appropriate money to be used as rewards for those who would provide law enforcement officials with information leading to arrest and conviction of drug sellers.

Such a program is now in operation in several communities in our country and wherever it has been tried it has been effective. The program goes under various names, but perhaps the one that has received the most publicity in recent months has been one conducted in Fairfax County, Va., a suburb of Washington, D.C. The program is called "TIP," an acronym for "Turn in a Pusher." Radio stations in the area publicize a private phone number with which a person can provide police with information about drug sellers. If the person is apprehended and convicted, the person providing the police with the information is given a reward ranging from $25 to $300. All of the information is given on a confidential basis and code names are used for those who are to receive the rewards. So far this program has been responsible for 108 arrests. There has not been a single acquittal in any of these cases that went to trial.

Law enforcement officials in areas where the reward program has been operating have credited it with greatly reducing the sale of drugs in their areas.

One of the problems with the program, however, has been reward money, since almost all of this reward money—and I want to emphasize this, Mr. Chairman—comes from the private sector, and it would appear that because the rewards are rather small that there is little likelihood of getting anyone to turn in the real kingpins of the drug-pushing operations.

As you know, Mr. Chairman, in this drug abuse program, the Congress has appropriated $135.2 million for the fiscal year 1973 ending next June, and that the total amount of moneys to be expended are $594 million to $729 million—that compares with only $65.9 million spent in fiscal 1969.

So, we must bear in mind that the Federal Government is committed to a total program of $729 million. For this reason, when you can appropriate and spend $729 million, I am proposing at the hearings that the Federal Government appropriate $10 million to be used throughout the country in any community that adopts a reward program for turning in a drug pusher. Certainly, this is a small price to pay to solve such a major problem, and it would bring immediate results.

The program I am proposing would be called "CATCH," standing for "Citizens Acting to Control Heroin." While this program is aimed primarily at heroin, it would also deal with those who sell cocaine, LSD, or other drugs that are placed in the dangerous-drug category.

We are spending millions of dollars a year, on the Federal level, on drug control programs and certainly, again I repeat, an expenditure of a small additional $10 million for a program that has already shown such successful results on the local level with private contributors would clearly be justified.

At first the idea of a reward program may be repugnant to some, but American law enforcement operations have long used such programs, and they have been widely accepted.

For instance, it is a very common practice for private rewards to be offered in connection with murder cases, and you and I know that when there is a terrible murder committed that private people offer rewards. We want the murderer apprehended. We want the murderer in jail and behind bars, to save our other citizens in the community, and I have never heard any great outcry about this practice. Many law enforcement agencies even offer rewards in murder cases.

I contend, Mr. Chairman, that we are dealing with murder cases when we deal with the drug problem. In the last year alone, more than one-half million deaths were caused by drugs. The people who sold the drugs must be considered as murders and we must use the same type of procedures in bringing them to justice as we would a murderer.

The reward program has shown that it will prevent drug deaths. During the first year that the Fairfax County reward program was operated there were 10 deaths from drug overdose, but during the second year there were only two. The secret was quite simple. The drug murderers were behind bars.

Our police forces throughout the country at all levels are already vastly overburdened. The reward program that I have proposed called "CATCH,"—Citizens Acting to Control Heroin—would ease the law enforcement problem by adding millions of pairs of eyes to the law enforcement operation and while there would be, of course, crank calls and pranksters who would take advantage of the program, it has been proven in areas that have adopted such a program that these calls quickly diminish and soon disappear.

Let me also point out that the drug dealers are not students, so it is not a question of one classmate informing on another. The vast majority of the pushers are nonstudents, and, in fact, in one area it was found that 80 to 90 percent of those arrested for selling drugs were not students. While they may not be students, we do know they are murderers for they are killing thousands of people a year although the death that they deliver is not as swift and as merciful as that brought by a gun or a knife.

If CATCH is to be successful, we also must have the cooperation of the judicial system. Some jurisdictions have expressed an interest in the reward program but have not gone through with it because judges in their community are reluctant to deal with cases in which people have been given rewards for providing the police with information. This type of judge is doing a great disservice to his community, and I wonder if they would decline to prosecute a murderer solely because his capture was aided by a person who provided information and received a reward for that act?

In closing, Mr. Chairman, let me say that we cannot solve the drug problem without innovative programs. Traditional approaches have failed. Consequently, I am suggesting and recommending to this distinguished committee of the House of Representatives that a $10 million investment in a new program that has already been tested in many communities is only a small price to pay to see that next year some half million people in this country will not be killed by others selling death packaged in pills, powders, and needles.

Chairman PEPPER. Are there any questions?

Mr. Murphy, any questions?

Mr MURPHY. One question, Congressman.

What do you purport in this program of CATCH? Who would the Federal Government turn these people over to? Who would administer it in the community?

Mr. ANNUNZIO. In this program, the Federal Government would provide the $10 million, and the communities themselves would organize their own programs and request grants from the Federal Government in order to provide the enforcement that is necessary to get directly at the drug pusher.

Mr. MURPHY. Would it be through the U.S. District Attorney's Office, or some office like that?

Mr. ANNUNZIO. Right.

Mr. MURPHY. That is all the questions I have.

Chairman PEPPER. Mr. Rangel?

Mr. RANGEL. Yes.

I would like to say, in answer to Congressman Annunzio—and certainly I commend you for this idea—that though one might call it repugnant to the American way of life, as a former Federal prosecutor, I can tell you 90 percent of the successful prosecutions in the area of the violation of the Federal Narcotics Law have been through what they commonly refer to as a special informer, which is no more than providing reward to that person who comes forward. The only possible exception to that would be those that have been arrested for minor narcotics violation, and, in turn, for their cooperation with U.S. Attorney Offices, such cooperation is taken into consideration as it may relate. So, I would not say that this is repugnant to anything. This is the way Federal prosecutions succeed, and there is no reason why this information, if turned over to the U.S. Attorney's Office, would not be consistent with their past history of prosecutions.

Of course, you do not have the same problem in Chicago as I may have in New York, where the pushers certainly would be able to provide a greater reward for the police than perhaps the Federal Government could with small bounties, but I certainly would be in complete accord with your program if, in fact, the money is paid by, and the cases were prosecuted by, the U.S. Attorney's Office.

Mr. ANNUNZIO. I thank my colleague from New York for his fine statement, and I know that you know, and all of us on this committee realize when 500,000 people a year are being killed, that we are at war, and that murder is taking place every day, every second, and every minute here in America. It is necessary, therefore, to provide law enforcement officials with all of the tools at our disposal. This is just one suggestion for the committee to recommend to the Congress. But we must have all of the tools at our disposal if we are going to win this war on dope.

When you win this war on dope, believe me, you save America.

Mr. **Murphy.** Would the gentleman yield?

I just returned from Marseilles, and, in support of your suggestion, Congressman, the Bureau of Narcotics and Dangerous Drugs has the wherewithal to put on the table $50,000 in American money for arrest and conviction of operators of these clandestine laboratories, where the opium-base morphine is turned into heroin. The reason the price is so high, as you indicate, is that we are at war. The enemy recently paid a French skipper of a trawler out of Marseilles to the Island of Guadalupe, $200,000 a trip for delivering a ton of pure heroin.

We have estimated that this man has made three of those trips in 1 year. That is $600,000 American dollars that a captain of a shrimp trawler received for delivering this white death.

When you are faced with proportions of money like that, I think the Federal Government and the people of the United States must get behind these programs. We will have to come up with some program, like you suggest, if we are going to make any dent in this war at all.

Chairman **Pepper.** Mr. Annunzio, we want to thank you very much for coming here today from your many duties and demands and giving the valuable statement you have made. You have come up with some innovations I think are exceedingly important, and our committee will gladly work with you and help you in every way we can to get this program into law and into operation. Thank you very much.

Mr. **Annunzio.** Thank you, Mr. Chairman.

Chairman **Pepper.** Mr. Counsel, call the next witness.

Mr. **Phillips.** Next is a group of three students who are going to testify as a panel.

The first girl to come forward is Victoria Babincsak;

Also Leona Schlaiss, and Jeffrey Parks.

STATEMENTS OF VICTORIA BABINCSAK, LEONA SCHLAISS, AND JEFFREY PARKS, STUDENTS, PRESENTLY ENROLLED IN DRUG TREATMENT PROGRAM, CHICAGO, ILL.

Mr. **Phillips.** I am going to ask you the same questions I asked when I first met you.

Vickie, tell us how long you have lived in the Chicago area.

Miss **Babincsak.** I was born here, but we have always moved; so, it was never like in the Chicago area; it was in the suburbs.

Mr. **Phillips.** You lived in the suburbs of Chicago for a long period of time?

Miss **Babincsak.** Yes, sir.

Mr. **Phillips.** How old are you?

Miss **Babincsak.** 17.

Mr. **Phillips.** What schools have you gone to in the Chicago area?

Miss **Babincsak.** I went to Gen. George S. Patton, which is in Riverdale, Ill. I went to Sudlow, which is in Davenport, Iowa. I went to Moline, Ill.. which is where I started taking drugs.

And I went to Hill Crest in Hazel Crest, and now I am going to Antioch High School in Lakeville.

Mr. **Phillips**. You say at sometime you did start taking drugs?

Miss **Babincsak**. Yes.

Mr. **Phillips**. Could you tell us how that started, Vickie?

Miss **Babincsak**. Well, it started—I have always had problems with my family, and one night I had a very bad argument with my mother, so I went to a party where my best girl friend's sister had some friends over and they had some marihuana and asked me if I wanted some. So, my first thing was—well, I am mad at my mother, and I am going to get back at her, plus I wanted to be accepted by them. I did not want them to look at me like I was a square or something.

So, I started smoking marihuana there in Moline, Ill.

Mr. **Phillips**. At the school in Moline, were other people also into drugs?

Miss **Babincsak**. Yes; that was the largest high school I went to since I had been going to school, and there was a large amount of people, like we had different cliques in school and we had a group of kids that would have so many parties like during the weekends or on a school night, and we would all get together and go to parties. But there was a large amount of people at that time taking drugs. More seniors—I was a sophomore when I started—and there were more seniors than there were sophomores taking drugs at the time.

Mr. **Phillips**. How many kids do you estimate were using drugs in that school?

Miss **Babincsak**. I would say—maybe not half—maybe 40, 45 percent of the people.

Mr. **Phillips**. Did it get worse as time went on?

Miss **Babincsak**. I did not stay there too long. I moved out to Hill Crest, and the drug problem there was very, very bad, because we went to different high schools then and it was kind of like—well, we would sell and take drugs from different schools.

Mr. **Phillips**. Did there come a time when you actually could get various types of drugs in schools?

Miss **Babincsak**. Yes; at Hill Crest there was a time where maybe sometimes you would not be able to get acid, and speed would be more frequent to buy because that was the only thing that was coming in. Or sometimes you would be able to get meth or acid at the time.

Mr. **Phillips**. Give us a list of all of the drugs you could get at the schools.

Miss **Babincsak**. At the school?

Mr. **Phillips**. Yes.

Miss **Babincsak**. Well, I could get at school all the way up to LSD, be able to get speed, mescaline, LSD, and then sometimes, if it came in, we would get like, college kids from a junior college would come in and we would be able to get cocaine sometimes. We would meet after school, though, at a park, and have a party someplace.

Mr. **Phillips**. Were you also able to obtain barbiturates?

Miss **Babincsak**. Yes.

Mr. **Phillips**. And all types of pills?

Miss **Babincsak**. Yes.

Mr. **Phillips**. At the last school you went to how many kids were involved with drugs?

Miss **Babincsak**. There were more than at Moline High School. I would say at least 60 or 70 percent of the kids at Hill Crest were taking drugs or at least had tried marihuana or speed.

Mr. PHILLIPS. Did there come a time you were actually selling drugs?

Miss BABINCSAK. Yes, I did sell.

Mr. PHILLIPS. I think you should understand, in relation to Congressman Annunzio, that he was not talking about young people; he was talking about the international and heavy narcotic traffic. He was not talking about kids going to school selling pot, et cetera, to other kids.

I think, if you were listening as he testified, he really was not talking about young people 16 and 17 years old. He was talking about the hardened criminals who are supplying drugs which ultimately filter down to young people.

So, if you were concerned about what he said, you should understand what he said was said in that context.

You did progress to selling drugs in the schools?

Miss BABINCSAK. Yes. Well, what happened was I had some friends who would get drugs from Chicago, and they would sell it to a couple of people, and I was one of those people. We would go to school and we mainly sold speed and mescaline. We sometimes sold acid when it came in.

Mr. PHILLIPS. What type of kids brought the drugs from you?

Miss BABINCSAK. Usually anybody that wanted it. There were football players that bought it. Most of the football players and basketball players usually brought marihuana or angel dust. The people who had blue jeans or were classified in our group bought anything.

Mr. PHILLIPS. Were you the one that told me cheer leaders were buying angel dust?

Miss SCHLAISS. That was me.

Mr. PHILLIPS. Are some students under the influence of these drugs when they go to class?

Miss BABINCSAK. You mean, were they high when they went to class?

Mr. PHILLIPS. Yes.

Miss BABINCSAK. A lot of times they would be walking down the hall, and I would meet somebody and they were high, even at the high school I go to now people are high when they go to class. But at the time, like I was afraid to go into class a lot of times high, but at the end I did not really care because everybody was doing it. And the teachers: There at the time would be a couple of teachers who would sit down and talk to us about it, but, as we would walk out the door, somebody would say, "She really does not know what she is talking about anyhow."

Mr. PHILLIPS. As a result of the teachers observing you high, or observing other kids high, was there any program or counseling that you received in the school?

Did anything happen at the instance of school officials in relation to trying to help you with your drug problem?

Miss BABINCSAK. Yes. One counselor did, before I came into Gateway Houses Foundation. He was very nice; was very understanding. At least, I thought so at the time. I liked him a lot. Before he had a meeting with my mother and I, he sat down and talked to me about the things I was getting myself into and what would happen if I continued the use of drugs. And at the time I just really did not care.

Mr. **Phillips**. Did you receive any education in relation to drugs?

Miss **Babincsak**. I saw one movie—I think it was Driver's Education—on drugs.

Mr. **Phillips**. That is it?

Miss **Babincsak**. And it wasn't—like it kind of scared me, but it really did not affect me too much.

Mr. **Phillips**. Could you tell me whether the teachers are aware of the drug problem?

Do you think they understand as well as they should?

Miss **Babincsak**. The way I feel, it looks like a lot of people do not look at the drug problem; they are afraid to look at it, like their child or their school is on drugs. I feel there are teachers who do look at it, who do try to help kids in school. There are parents who try to help their kids, but I think I feel the majority of the people in America today, they just do not look at it; they just let it roll off their back like, "Well, it's another problem."

Mr. **Phillips**. Vickie, tell us how you happened to get to Gateway Houses Foundation.

Miss **Babincsak**. What happened was, I was going to groups at Park Forest. I had a record of running away, and I went to see an officer, and he told me the next time I would run away he would have to put me in Audy Home, which is a home for girls or boys whose parents can't take care of them. He told my mother of a Mrs. Fields at Park Forest who is a social worker, and I started going to groups there. I ran away again, and so my mother brought me there and said "If Mrs. Fields does not know where to put you, I guess you are going to have to go to Audy Home." That is what it came to. My parents could not handle me anymore.

Mr. **Phillips**. Was that because of the drug use you were involved in?

Miss **Babincsak**. Yes; and mainly it was that I couldn't ever get along with my parents. I had a lot of problems at home, which I felt: "Why should I deal with it when I can go off someplace and have a lot of fun."

Mr. **Phillips**. How many drugs did you actually use yourself?

Miss **Babincsak**. I used angel dust and marihuana, speed, acid, LSD, cocaine, and MDA.

Mr. **Phillips**. Tell us what MDA is.

Miss **Babincsak**. It is what they call on the street—it is a sex drug. It highers your blood pressure, and you can die from it, but at the time I did not know that.

Mr. **Phillips**. Can you tell us what angel dust is?

Miss **Babincsak**. Angel dust is stronger than marihuana. It has got all the ingredients and like it, is red like marihuana is, but it is a lot stronger.

Mr. **Phillips**. Did you ever have an overdose, or any bad results from the drugs you were taking?

Miss **Babincsak**. Yes, on acid. I had only taken it a couple of times because I did not like it. I had really bad trips on it. And the second time I shot it, I blacked out for a while.

Mr. **Phillips**. What would you tell other kids who were experimenting with drugs?

Miss BABINCSAK. The way I feel is that kids have to make up their own minds if they are going to take it or not take it. The only thing I feel I could possibly do is to sit down and explain to them some of the things I went through. And I feel it up to them if they want to take it or if they don't want to take it.

Mr. PHILLIPS. Could you tell us the problems that you went through that led you to conclude you should not use drugs any further?

Miss BABINCSAK. Well, I wanted to do something. First, it was kind of like I was put in the position where I either had to go to Gateway or Audy Home, and I did want to finish school, because I wanted to go in filming and acting. I always "fantasized" about filming and acting.

Mr. PHILLIPS. I think all young girls do.

Miss BABINCSAK. I knew I could not finish it on the streets the way I was going because I wasn't going any place except slipping into basements during the middle of the winter or not having anything to eat for a couple of days.

Mr. PHILLIPS. How old were you when you were doing that?

Miss BABINCSAK. I was 16.

Mr. PHILLIPS. Please go on.

Miss BABINCSAK. It was just an endless road that I thought I was going down, and I wanted to do something. And when I went to Gateway, it was kind of like "Now, I won't have to go to Audy Home." I wouldn't have to be cooped up in a cage or something. Gateway has helped me in a lot of ways because I am willing to see things in myself that I can eventually get together within me. I feel, after 16 months, I have a lot more respect for myself; my values have changed, I feel.

And I feel now that I have gotten someplace; it looks like the world is not going to end anymore. It is going to continue. I know I will go through changes, but it is a thing now that I have now what I want. I have school; I am going to school. And pretty soon I will be going into something that I really like.

Mr. PHILLIPS. Thank you very much, Vickie. I am sure the members of the committee will have some questions for you.

Lee, how old are you?

Miss SCHLAISS. I am 18.

Mr. PHILLIPS. Have you always lived in or near Chicago?

Miss SCHLAISS. I have lived in Chicago all of my life.

Mr. PHILLIPS. What schools have you attended?

Miss SCHLAISS. I went to St. Priscella's Grammar School and Steinmetz High School.

Mr. PHILLIPS. St. Priscella's Grammar School and Steinmetz?

Miss SCHLAISS. High School.

Mr. PHILLIPS. And they are here in the city of Chicago, or in the suburbs?

Miss SCHLAISS. They are in the city.

Mr. PHILLIPS. How did you get involved with drugs?

Miss SCHLAISS. It was one day when I came home from school. I was in the seventh grade. I had six brothers and sisters, and like my older sisters and brothers, I admired them a lot, and I wanted to be accepted by them and everthing. I came home and one of my older sisters was smoking pot in the basement. I asked her what was she doing, and she told me, and I asked if I could try it with her, and she showed me how. And for the last 2 years of my grammar school, I was kind of accepted by her for doing it, I felt.

Mr. PHILLIPS. What school did your sister go to?

Miss SCHLAISS. Catholic High School Alvernia.

Mr. PHILLIPS. How much older than you was she?

Miss SCHLAISS. She is about 3 or 4 years older than me.

Mr. PHILLIPS. You say you came home one day and she was in the basement smoking pot?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. And she turned you on?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. Thereafter, did you get involved with drugs?

Miss SCHLAISS. Later on, when I got into high school. In fact, right away when I got into high school. I kind of sought out people which had her image, like a hippy, and got involved with them, and with different pills and different kinds of drugs.

Mr. PHILLIPS. Tell us what kind of drugs were available in that school?

Miss SCHLAISS. In my high school, almost anything but heroin was available—except heroin and cocaine. It was almost impossible to get them in the school, but maybe five blocks from the school you could meet somebody who could get it for you.

Mr. PHILLIPS. Could you just itemize the drugs available in the school?

Miss SCHLAISS. Speed, downers, mescaline, acid, marihuana, THC, angel dust, and DMT.

Mr. PHILLIPS. Were the freshmen into this or just seniors?

Miss SCHLAISS. They were mainly like juniors and sophomores, and there were not too many freshmen that I knew of that were into it. I didn't hang around too many kids of my own age.

Mr. PHILLIPS. Do you have any estimates of the number of freshmen who were into drugs?

Miss SCHLAISS. When I first went into the school, it didn't seem like it was that many or I did not know that many. I knew maybe 30 kids who used drugs.

Mr. PHILLIPS. Did it get worse or better?

Miss SCHLAISS. It got worse, because by the time I was a senior, I knew that about everybody tried something, you know. A quarter of the school were people who pretty much used it two or three times a week, or four times a week.

Mr. PHILLIPS. How often did you use it?

Miss SCHLAISS. Just before I came into Gateway Houses, I was getting high every day out there. I used to get high a lot in school.

Mr. PHILLIPS. You say you got high in school?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. What were you taking when you got high in school?

Miss SCHLAISS. Mainly THC and smoking grass.

Mr. PHILLIPS. Did the teachers observe you getting high?

Miss SCHLAISS. They would not see me in the process of getting high. They would see me high, but I do not think too many of them really knew it. Like, maybe, there were a couple who are close to you, they noticed and picked up on it that I was high. They were the only ones who talked to me, like what was happening and what was I doing with myself.

Mr. PHILLIPS. Did anybody give you any guidance or counseling? Did they have drug counseling in the school?

Miss SCHLAISS. They did not have drug counseling that I knew of. But a couple of teachers I had, like personal relationship with, I felt like I got a lot of help out of them, especially just to have somebody to cry on their shoulder, you know.

Mr. PHILLIPS. Did there come a time when the other kids, or yourself, were dealing in drugs? Were you dealing?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. Tell us how that came about. How did you come to be dealing?

Miss SCHLAISS. It was after my sophomore summer. I met some older people from Chicago and people that were not even in school, and they used to go up to Detroit and have big parties with THC or something, and if they come in and I was close friends with them, they gave me a whole lot and I would be able to take it to school and sell it and would not have to pay back as much money as I got. That way I had my own drugs, and I had money, and I did not have to pay for anything.

Mr. PHILLIPS. Could you get cocaine as well from that group?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. What else did they have?

Miss SCHLAISS. Just before I went into Gateway, I was starting to get into heroin the last couple of months I was out there, but before that it was anything from cocaine on down.

Mr. PHILLIPS. How many other kids were dealing in the school?

Miss SCHLAISS. There were 10 people who were really dealing heavy at school and really hustling for the money. But then there were kids who just sold to each other some grass every now and then.

Mr. PHILLIPS. Is that a common practice with kids, where kids will sell their stuff to other kids?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. And there are other people who are hustling it, selling a lot to make money or support a serious habit?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. Did there come a time when you were actually shooting drugs?

Miss SCHLAISS. Yes. Just before I came in the House, I shot drugs three times.

Mr. PHILLIPS. How did that come about?

Did you progressively go up the ladder of drugs?

Miss SCHLAISS. Pretty much like it. You see, because everything got worse and worse for me, and I was getting in drugs a little bit heavier for me as I went on. It was the same with the people I hung around with. One night they had needles and they were trying it, and I said: "Yes, sure, I want to try it, of course." I was not going to say I was scared. I would be like a square. I was afraid maybe if I did not try it—I wanted their acceptance.

Mr. PHILLIPS. You were scared?

Miss SCHLAISS. I was scared.

Mr. PHILLIPS. And you had to front it out and try to show you were as old, or tough, as the next one?

Miss SCHLAISS. Yes.

Mr. PHILLIPS. Thank you very much.

Jeff, could you tell us how old you are?

Mr. PARKS. 16.

Mr. PHILLIPS. Do you live in Chicago or the suburbs?

Mr. PARKS. I live on the South Side.

Mr. PHILLIPS. Tell us what schools you attended.

Mr. PARKS. I went to Foster Park Elementary, Fort Dearborn Elmentary, Harper High School, and Logan Continuation.

Mr. PHILLIPS. Can you tell us what the drug situation was in those schools?

Mr. PARKS. In Foster Park, I was in the eighth grade, and I did not know anything about it. But when I started getting into high school, I started noticing it, and then 1 year I was into it pretty heavy.

Mr. PHILLIPS. Could you tell us what types of drugs you could get in school there?

Mr. PARKS. Everything, but occasionally I would not get heroin.

Mr. PHILLIPS. You say "everything." Just give us a list for our record.

Mr. PARKS. Pot, speed, downers, MDA, THC, angel dust, acid, mescaline, and peyote. I saw DMT a few times there.

Mr. PHILLIPS. Did you then get involved with it, yourself?

Mr. PARKS. It was kind of indirectly. I was working with this guy from school and he brought up the subject of smoking pot. I was scared and I put on a front, but the next day we smoked at lunch.

Mr. PHILLIPS. What happened after that?

Mr. PARKS. I do not know; I just had to keep on with the image. I did not get high or anything the first time, but I wanted to pretend like I did.

Mr. PHILLIPS. Did you buy drugs in school?

Mr. PARKS. Not often. I bought most of my drugs out of school.

Mr. PHILLIPS. Did you wind up shooting dope yourself?

Mr. PARKS. Yes.

Mr. PHILLIPS. Could you tell us how that came about?

Tell us about the progression, how you got there.

Mr. PARKS. Everybody started telling me about it. I wanted to be cool, so I did it.

Mr. PHILLIPS. How old were you when you started shooting dope?

Mr. PARKS. 16.

Mr. PHILLIPS. About how many kids, the last year you were in school, were in drugs? What percentage of the kids do you think used drugs?

Mr. PARKS. About 60 percent or 70, altogether, 25 or 30 percent were into it three or four times a week.

Mr. PHILLIPS. You say about 60 percent or 70 percent were occasional users?

Mr. PARKS. They had either tried it, weekend highs, and things like that.

Mr. PHILLIPS. Did it become more serious or less serious as the child progressed from freshman to senior year?

Mr. PARKS. It became worse. When I went into my freshman year there was hardly any. There weren't that many people on drugs. When

I went back in my sophomore year, I would be walking down the street and I had long hair, and a carload of blacks would pull up and say, "Have you got any heroin or pot?" Something like that.

Mr. PHILLIPS. Selling became more regular?

Mr. PARKS. Yes.

Mr. PHILLIPS. And more open?

Mr. PARKS. Yes.

Mr. PHILLIPS. I notice you say at one time you had long hair. Could you tell use how you came to have the crew cut today?

Mr. PARKS. I came to Gateway and stayed 6 weeks. Then I split and came back 5 weeks later. That was about 3 or 4 weeks ago, and they shaved my head. It is just starting to grow now.

Mr. PHILLIPS. One of the techniques for rehabilitation at Gateway is something like the Marine Corps. In other words, you get your hair cut off if you break the rules.

Mr. PARKS. Yes, somewhat.

Mr. PHILLIPS. So, your hair was a lot longer a while back?

Mr. PARKS. They cut it up to my ears when I first came in, but it was a lot longer before I first came in.

Mr. PHILLIPS. Because you split the program, as they say, left it unauthorized, when you came back in they gave you a haircut?

Mr. PARKS. Right.

Mr. PHILLIPS. Did there come a time when you suffered from an overdose?

Mr. PARKS. Yes. That is the reason why I came into the program. I took too many drugs one night, and I went into a hospital and was in the psychiatric ward for 12 days, I got out, and 2 days later I was back in another hospital in intensive care. My parents told me, "Do not come home," and a social worker recommended Gateway. Then I went there.

Mr. PHILLIPS. Could you tell us what types of drugs you took which resulted in the overdose and the hospitalization?

Mr. PARKS. The first time it was a mixture of everything. It was downers early in the day and heroin, mescaline, pot, THC, and more downers.

Mr. PHILLIPS. And you took them during the day; just went from one to the other.

Mr. PARKS. I took the first downers at the beginning of the day; I took the rest about 4 or 5 o'clock.

Mr. PHILLIPS. And you passed out?

Mr. PARKS. I was trying to get home, and I was messed up. I was laying in the middle of the street and some people picked me up and took me to the hospital.

Mr. PHILLIPS. Did you ever receive any drug education courses in schools?

Mr. PARKS. Once I saw a film on it, but I did not believe it.

Mr. PHILLIPS. Why didn't you believe it?

Mr. PARKS. I could not accept it, because it was like a shadow of reality. I did not want to accept that they were dangerous. I knew it, but I thought it always happened to the other guy.

Mr. PHILLIPS. That was just one film in the entire time you were in school?

Mr. PARKS. Yes.

Mr. **Phillips**. I have no other questions, Mr. Chairman.

Chairman **Pepper**. Any questions, Mr. Rangel?

Mr. **Rangel**. Yes, Mr. Chairman.

It is difficult to ask questions of all three, but have any of you ever considered yourself as an addict or just a drug abuser?

Mr. **Parks**. No.

Miss **Schlaiss**. Myself, I never considered myself as a physical addict; maybe mentally. A lot of times I felt like I was high, I could talk to people or be a social success or the life of the party.

Mr. **Rangel**. I can understand that, but none of you really felt any physical craving for drugs? That is, that you could not function unless you really had a drug; have you?

Mr. **Parks**. No.

Miss **Babincsak**. No.

Miss **Schlaiss**. No.

Mr. **Rangel**. Where did you get the money to buy the drugs?

Miss **Babincsak**. In the beginning, I used to get an allowance, and I used to take money from my parents, used to steal it from my parents or get it from my brothers, and when I got into drugs I used to like to sell it for more so I could have some money and have some drugs for myself.

Mr. **Rangel**. Who would these suppliers be?

Miss **Babincsak**. Friends. Usually, they would get the drugs and sell some of it to me and I would sell it.

Mr. **Rangel**. Well, did any source of the supply come outside of your friendly circles?

Miss **Babincsak**. Sometimes it did when I went to parties or when I went to parks.

Mr. **Rangel**. Would they be people you would recognize being from the general community or strangers?

Miss **Babincsak**. Sometimes from strangers and sometimes from people from where I lived.

Mr. **Rangel**. Well, if the facts are as the three of you testified, that drugs are so widespread, do you not believe that the teachers are aware that there is a problem that exists in the school?

Mr. **Parks**. They are aware, because when they noticed I was high they would send me down to the office for a few hours and just let me sit there in a chair.

Mr. **Rangel**. Where does it go from there? Have they ever given you any advice?

Mr. **Parks**. They sent me back to class, and that is all.

Miss **Schlaiss**. They sent me home for 3 days once.

Mr. **Rangel**. But there is nobody in any of the schools you attended that was held out to be an expert, who would come forward and assist you with your problem?

Miss **Babincsak**. Not in my school.

Mr. **Parks**. In eighth grade there was a teacher who suspected that someday I was going to get into drugs, and he always used to tell me about them.

Mr. **Rangel**. But what you are saying is that this teacher was more of a friend rather than someone hired by the board of education, or whatever you call it, that would deal with these problems, specifically?

Mr. **Parks**. Yes; he was more like a friend.

Mr. RANGEL. Have you ever known of any arrests to be made in or outside of the school in connection with drug transactions?

Miss SCHLAISS. At my school there were arrests every now and then, in and out of school. Because we had plainclothesmen there, and sometimes the people get busted. And outside of school, it happened more. At night, a lot of kids were using drugs. They hung out right in front of the school, and the police there would come maybe once a month or so and arrest somebody.

Mr. RANGEL. Were there drug activities taking place within the school as well as outside?

Miss BABINCSAK. Yes.

Mr. PARKS. Yes.

Mr. RANGEL. In the lavatories?

Miss SCHLAISS. You mean in the washrooms?

Mr. RANGEL. Right.

Miss BABINCSAK. Usually, that is where we went, or in the lunchroom, because there were not many teachers during lunch hour. There were teachers that went into the bathroom during certain hours, and, usually, we knew what time we could go in there. Like the teacher would come by at a certain time, and we would be in there when the teacher was not there or have a girl stand by the door and make sure there weren't any teachers or nobody coming into the bathroom.

Mr. RANGEL. But none of you really had any heavy involvement with heroin, would you say?

Miss BABINCSAK. No.

Mr. PARKS. I know a lot of people who sold heroin, but all of their friends had grabs, quarter ounces, and jabs. They did not know where to sell them, and I knew a lot of people who wanted it. On occasion I trafficked in it.

Mr. RANGEL. Trafficked, but not used?

Mr. PARKS. I used it, too.

Mr. RANGEL. That is my point. How much was the maximum that you would use in any given day?

Mr. PARKS. A quarter.

Mr. RANGEL. What prevented you from coming addicted to heroin?

Mr. PARKS. My friends did, because they stopped me, and I did not have that much bread.

Mr. RANGEL. Why is it that you did not go through any withdrawal when you stopped using heroin?

Mr. PARKS. I did not use it regularly; maybe once a week or once every 2 weeks. I trafficked in it.

Mr. RANGEL. I have no further questions, Mr. Chairman.

Chairman PEPPER. Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman.

When I address my question, anyone of the three may answer. Please feel free to answer.

Now, you all were buying drugs to start.

Where would you get the money for this?

Miss BABINCSAK. Usually, from my parents.

Mr. MURPHY. Was it out of your lunch money or school money?

Miss BABINCSAK. Well, they used to give me an allowance, and I used to buy some of it out of that. But I used to like to take it without them knowing it.

Mr. MURPHY. You took money from your mom's purse or your dad's wallet without their knowing about it?

Miss BABINCSAK. Or my brothers would give me money. I would tell them I needed something, and I would use it for drugs.

Mr. MURPHY. How about selling any of the family's appliance or things around the house? Did you run into any of that?

Miss BABINCSAK. No.

Miss SCHLAISS. I used to hold down a part-time job about 3 years. I always had a part-time job, and that would usually give me my money.

Mr. PARKS. I had a job working at a restaurant. It gave me a lot of money for drugs.

Mr. MURPHY. What I am leading to, ladies and gentlemen, is whether or not there was any crime connected with any of your drug habits?

Miss SCHLAISS. Sometimes I would steal from stores and sell it to some kids; or just dealing in drugs myself, which was illegal. I got into that in my junior and senior years in high school.

Mr. PHILLIPS. Were you doing a lot of boosting in junior and senior?

Miss SCHLAISS. Not really.

Mr. PHILLIPS. Just enough to buy drugs?

Miss SCHLAISS. Yes, I did not do it regularly, even. I did it when I could not figure out any other way.

Miss BABINCSAK. I was too afraid to go over to a store and steal, because I was afraid I might be caught. But I used to sell drugs.

Mr. PARKS. I used to shoplift and sell it to people.

Mr. MURPHY. How regular?

Mr. PARKS. Not that much, maybe $25 a week.

Mr. MURPHY. How long a period did that go on?

Mr. PARKS. About 2 months.

Mr. MURPHY. Are any of your associates on hard stuff like heroin, and what would they do to support the habit?

Miss SCHLAISS. There was this one boy I knew, most of what he would do, a lot of times, sell people bad dope. He burned a lot of people. First, he would steal, he stole a couple of cars, and I think he also had a part-time job, and his mother gave him an allowance.

Miss BABINCSAK. At school, there was not, like there were some kids on cocaine at one school. Anybody that I knew wasn't on heroin. It was usually when I left home, when I went to Chicago, or I didn't start shooting MDA. The guys usually worked or they used to sell the drugs themselves.

Mr. PARKS. I knew a few people who would sell drugs and rip off cars and motorcycles—not motorcycles but motorbikes, minibikes and things like that.

Mr. MURPHY. Besides sending you down to the principal's office, when the teachers were aware that you were stoned in class, what was their reaction?

Or did they get to the point where they just neglected you and went on teaching? Did they just let you drift as far as your studies were concerned?

Were they scared to turn you in because of repercussions in their jobs?

Miss Schlaiss. I do not know if they were scared, but a lot of times they would just, you know, go ahead on and teach, because there were like 30 kids in the classroom and how can you just give up 29 kids for the one?

Maybe that was their reasoning, but a lot of time I would just be ignored. One time I did get sent home. I think I was creating a disturbance. I do not remember.

Mr. Murphy. What did your parents say when you went home?

Miss Schlaiss. Mother was really hurt; she was mad, she was really upset.

Mr. Murphy. But the school had no counseling program to which to send you?

Miss Schlaiss. No. If they did, they did not do it.

Mr. Murphy. How about you, Vickie?

Did they have anything for you?

Miss Babincsak. At school, there were a lot of kids in the class, like Lee said. They would usually, like just go on teaching, and I did not like some of my teachers, you know, at the time, but it was just— It seemed they really did not care at the time. Like there is 35 kids in a class, and if one is disturbing the class, they send them to the office.

Mr. Murphy. We just recently completed hearings in Miami, Fla., where the drug problem among high school students is very severe. In fact, some of the youngsters who testified before us said that in some of their schools the occasional use of drugs reached as high as 60 or 70 percent and the regular users represented a good 40 to 45 percent. One of the questions all of the members of the panel asked of the youngsters there was their opinion of legalization of marihuana. I would like to have your three opinions on that. Should we or should we not legalize marihuana?

Miss Schlaiss. All I can say is to talk about myself. For myself, I would not use it again. I don't know about other people, but I know what happened to me because of it. I am not saying it leads to other drugs, but the people that had smoked marihuana used other drugs; there was always other drugs around.

Mr. Murphy. Marihuana was your first step; is that correct?

Miss Schlaiss. Yes, sir.

Mr. Murphy. And you graduated to stronger drugs?

Miss Schlaiss. Yes. But for myself, I would not want to use it again. I would not want to depend on anything else for my own feelings.

Mr. Murphy. How about you, Vickie? What is your opinion?

Miss Babincsak. My opinion is, again, as Lee stated, as for me I would not smoke it. Like there are a lot of people that can smoke it for a period of time and they will not go to other drugs, but for me, marihuana was my first step.

Mr. Murphy. How about you, Jeffrey?

Mr. Parks. I think the same thing. If I smoke marihuana, I go back to other drugs, too. I do not think it would work for me, but a lot of my friends were smoking marihuana and not using anything else.

Mr. Murphy. In Miami, we also ran into a very interesting program called the "Seed." I do not know if any of you are aware of it. This is a program initiated and run by an ex-alcoholic. Vickie, you alluded to a personal development in your own life when you came to a decision that had to do with respect for yourself.

This program in Florida used the term "Love—love yourself, if you do not love anybody around you, to love yourself, and get with yourself," so to speak. Is that what your program is in the Gateway Houses? Do you have "rap" sessions where you talk about your problems, such as with your parents, and whether or not they understand you and your own personal problems? Is it the beginning of realization, the baring of your soul, so to speak, to one another to find out if you have multiple problems instead of having instructors or people senior to you coming in and saying "Don't use drugs; they are bad"?

We have found that students in high school would rather have somebody on their own peer level come in and say: "Listen, I have been on the stuff. Here is what happens to you when you take it."

Miss BABINCSAK. That is it. Gateway Houses, it is run by ex-drug abusers, and at the same time I feel, "Well, an ex-drug abuser will know another ex-drug abuser and know where each other is at." Basically, Gateway Houses Foundation is merely to get the things—like to look at you and see what you have to change, or what led you to drugs, or what led you to have certain types of problems that you can't deal with. It is reality. You see a lot of reality when you go there.

Mr. MURPHY. You start to look at yourself after that?

You do not start kidding yourself?

Miss BABINCSAK. No. It is not like a thing where I can go take marihuana if I want to. It is: Why do I want to take that?

Mr. MURPHY. What about you, Lee?

Miss SCHLAISS. Yes, it is the same for me. Like it pulled up my own self-respect and confidence and will power, and everything else, to feel accepted as myself. You know, go ahead and say: "Accept me for me and not for the drugs I take or the clothes I wear." So, people look at maybe the drugs I take, I do not need them. I need something that is more real.

Mr. MURPHY. What about you, Jeffrey?

What was your realization when you came to grips with yourself?

Mr. PARKS. I don't know. I just decided that the streets were not any good, because I was still messed up. It made no sense to stay there.

Miss BABINCSAK. A lot of times, a lot of the people, they think to themselves, where would they be if they did not have Gateway. I think about it a lot of times, and I feel that I would be pushing heroin right now. I would probably be standing on the street corner doing something like that, because I know I would not stick with just downers and uppers. A lot of times, I think somebody up there must like me, because they gave me, like the right road to travel, I know. Gateway has done all of that for me.

Mr. MURPHY. That is all the questions I have, Mr. Chairman.

Chairman PEPPER. Let me ask you this, and I will ask this question to each of you. Do you believe a proper treatment and rehabilitation approach can be established in the schools, and, if so, will it be desirable to try to establish such a system in the schools?

What do you think, Vickie?

Miss BABINCSAK. Well, I feel you start, not just at high school, but if you go in elementary where they will have people they can go to, not just counselors, people they can go to and talk to and starting at maybe the fourth, fifth, or sixth grade, and make it come to them that this is wrong, this will get you so and so a place, you know. I feel if they got that in school or at some kind of a drug abuse thing in school, I think it would help a great deal.

Chairman Pepper. Lee?

Miss Schlaiss. In my grammar school, I never had anyone you could talk to. We had something like drug education, but a lot of times it was just a funny movie to me. I did not even understand what was going on.

I feel like in my high school it would have helped me a lot of times if class sizes were not so big. When I did get individual attention I listened to it—when I got advice from teachers I was close to. When I listened I felt it helped me a lot. Maybe I would not have gotten into drugs. You know, somebody did not listen to you.

Chairman Pepper. What do you think, Jeff?

Mr. Parks. I agree about the fourth and fifth grade. The class loads are too big, too. How can a teacher really help one person if there are 30 people in the class?

Chairman Pepper. Obviously, that points up the problem.

In New York and Miami, where we held hearings, the suggestions were made that all of the treatment and rehabilitation should be outside of the school system.

In fact, most of the school authorities think that, also.

But some of the people said, "Well, if you are going to set up an outside school, another school, you will have almost as many in the other school as you do in the main school."

Now, who is going to constitute the personnel?

Do you all agree that in any kind of effective treatment and rehabilitation program there has to be peer therapy?

The inspirational atmosphere that comes from leadership and association with other boys and girls similarly situated?

Do you believe that?

Miss Babincsak. Yes.

Miss Schlaiss. That is what happened at Gateway pretty much where we all are identified with each other. It does not because we are the same age, but because we have gone through the same thing and have the same feeling.

Chairman Pepper. It is obvious, if we assume that premise and set up institutions like that outside of the school, you have a enormous problem of personnel, facilities, and that sort of thing. I realize that you can't do it with the personnel we now have devoted primarily to the school curriculum. Obviously, one teacher, as you say, trying to teach 40 or 50 students, can't be a drug adviser or counselor.

Frankly, I do not know the answer. We are hoping here, as we have heard the suggestions at other places where we have held hearings, that from some of the outstanding educational authorities we would hear suggestions as to how this problem may be most effectively met. Whether, setting up some additional facilities and personnel, provisions within the school system are possible because that is where most of the abuses are.

Mr. Rangel. I would like to ask a couple of questions.

Would most of you consider your families to be middle- or upper middle-income families?

Mr. **Parks.** Yes.

Miss **Babincsak.** Yes.

Mr. **Rangel.** Secondly, had you had the opportunity to enter a residence such as Gateway prior to your experience with drugs, do you think this might have prevented you from experimenting with them at all?

Miss **Schlaiss.** It probably would have.

Miss **Babincsak.** I think it would have.

Mr. **Parks.** Yes.

Mr. **Rangel.** So, these programs could be very helpful in dealing with the nondrug-abuse youngster?

Mr. **Parks.** I think so.

Miss **Babincsak.** There are people in Gateway who have not been on drugs, never used drugs.

Mr. **Rangel.** So, basically, you have the problems of young people, and drugs were just a part of your problems?

Miss **Babincsak.** Yes.

Mr. **Parks.** Yes.

Mr. **Phillips.** We have a display here which was loaned to us by the sheriff's office and by the police here in the city of Chicago. Both of them have done a marvelous job for us.

We thank them greatly.

But they have selected some of the drugs that have been available to the young people in the last year or so. Have you looked at the display at all?

Mr. **Parks.** No.

Miss **Babincsak.** I have.

Mr. **Phillips.** Are those drugs the same as the ones in the schools being bought and sold by kids?

Miss **Babincsak.** Yes, some of them were.

Mr. **Phillips.** You have actually seen similar pills and paraphernalia before?

Miss **Babincsak.** Yes.

Mr. **Phillips.** How about you?

Miss **Schlaiss.** Yes.

Mr. **Phillips.** Thank you very much.

Chairman **Pepper.** Thank you very much. We appreciate your coming today.

Counsel, call the next witness, please.

Mr. **Phillips.** Mr. Chairman, the next witness is Carl V. Charnett, who is the director of Gateway Houses Foundation, from which the three previous young people came.

STATEMENT OF CARL V. CHARNETT, DIRECTOR OF PROGRAMS, GATEWAY HOUSES FOUNDATION, INC., CHICAGO, ILL.

Mr. **Phillips.** Can you tell us what your present occupation is?

Mr. **Charnett.** Director of programs for Gateway Houses Foundation.

Mr. **Phillips.** Could you tell us a little bit about your own personal experience and how you become the director of programs?

Mr. CHARNETT. It goes back a long way, but I will try to be as brief as possible.

I started using drugs in New York at the age of, approximately, 15. I continued the occasional use of most drugs, with the exception of heroin, up until the time of my marriage, when I was 25. At age 25, shortly after being married, I started using heroin, along with my wife. Both of us used heroin for approximately 4 to 5 years, consistently, until I went into Daytop Village in New York City. I remained as a resident in treatment with Daytop for the first year and a half and was subsequently given a junior staff position, remained with them for an additional 2½ years as a staff member with increasing responsibilities, and then I was asked by Dr. Jerome Jaffe to come to Chicago and take over the directorship of Gateway Houses Foundation.

Mr. PHILLIPS. I had occasion to visit Gateway Houses, in the suburbs, and in my opinion it is a very finely run and organized place. I think you are doing some very good work there for people who desperately need it.

Could you tell us a little about your operation?

Mr. CHARNETT. Certainly. Gateway Houses Foundation is the traditional therapeutic community, a community devoted to the residents who have a very therapeutically oriented life. It provides for the residents a 24-hour-a-day, live-in, work-in situation. It provides for them, in essence, a miniature society where each one learns experientially that he must live and work together with other people in a constructive way.

The therapy comes about when people live with and work together 24 hours a day, and some of our houses—Let's say we have approximately 50 people. All of them have responsibilities on various levels for supporting the houses in total in terms of their function and operation. In that kind of a situation there is a great deal of stress which develops, a byproduct of the close working relationship and the close emotional relationships, and a certain amount of behavorial acting out of minor form takes place. The selfishness, dishonesty, and manipulation shows and, because each house is staffed and run by an ex-drug-addict or ex-drug-abuser, a group of them rather, this dishonesty, this distrust, this selfishness is challenged on every level.

There are constant confrontations, so an individual begins to look at himself through the eyes of other people and really learns from it, almost from an objective point of view, about his life as a human being.

Along with the therapeutic aspect are some very realistic work responsibilities. The houses have to be maintained and run completely. Cars have to be driven; letters have to be written to the court and probation department; food has to be procured, prepared; buildings have to be renovated, remodeled, and all of this work is done by the residents.

A resident, upon initial entry, does not assume any job with a great deal of responsibility. He actually is given jobs to do with the minimum of responsibility or decisionmaking capacity and a maximum of supervision. Then, by the attitude he portrays when he is carrying out these assigned tasks, and if his peers and the people around him and above him feel he is learning to care about his life, he is getting some direction, he is starting some positive modes of action, he will begin to get increasing responsibility and decreasing supervision.

For the first phase of his stay, which is primarily the live-in, work-in phase, preparing for the reentry process, he goes completely through the ranks of being exposed to just about every job responsibility and every level of authority short of a staff position.

After approximately a year or so, depending upon individual needs, he then makes the choice, if necessary, to go into the re-reentry part of our program, which is either going to school full time or working full time while living in the house. This he continues to do for an additional 6 months or so, depending upon individual needs.

After that period of time he goes into final phase of reentry, which is, actually, living out, working out, being, for the most part, almost completely self-supported while relying on some emotional support and reenforcement from Gateway, and spends an additional 6 months in that phase. Finally, he graduates.

Aside from the personal responsibility that the residents have, and aside from the fact that the house functions, like I said before, like a miniature society or a very large family, with its symbolic mothers and fathers and brothers and sisters, right now we have six facilities, one about to be opened which is an out-patient operation, five residential programs. Of these five residential programs, three are devoted to predominantly first-phase residency, one is devoted to intake, where a portion of incoming residents come for the first 60 days and get schedulely broken into the great demand that a therapeutic community can make on an individual, in an effort to lower our early split rate or early rate of individuals leaving against the advice of the staff. The fifth house is devoted to individuals who are participating in their second phase of reentry, that is, living in or working out or going to school out.

They are completely surrounded by older, more experienced staff who have experienced the work-a-day, live-a-day work, and have also experienced the use of drugs, and they are also surrounded by their own peers who are in the second phase, involved in the problems and challenges of a reentry process, where they get a good deal of encouragement, support and advice.

Mr. Phillips. May I interrupt and ask you whether you find you are getting younger people into your program?

Mr. Charnett. Very definitely so. I remember when I started in Daytop Village some 8 years ago, the average age was in the middle-to-high twenties. When I hit Chicago 4 years ago, I noticed the average age was even somewhat higher than the Daytop median age in Gateway and the State of Illinois Drug Abuse Program. The average age then was roughly in the thirties. Now, our average age is between 21 and 22 of approximately 1,200 residents in various phases of treatment, and we have several residents as young as 13 and 14. I have noticed an overwhelming decrease in the average age of drug users. It is very prominent.

Mr. Phillips. Are you also getting an increase in polydrug users as contrasted with what we used to call just heroin addicts?

Mr. Charnett. Yes. When I was younger and using drugs, there were only three drugs, generally, that were in use. That was either heroin, cocaine, or marihuana. This was in the middle 1950's, or so. Today, the amount of initials of various kinds of drugs being used, especially by young polydrug users, is overwhelming: DMT, STP, what they call "angel dust." There is a tremendous variety of drug use. Unfortunately, the pharmacologists are way ahead of the advancement of human emotion and the ability of human beings to handle their own uptightness and own emotions. There is a tremendous lag here.

Mr. PHILLIPS. Do you have some opinion about the school-age problem here in Chicago and the suburbs as a result of your experience with those people coming into your program?

Mr. CHARNETT. It is not only as a result of my experience with those people coming into the program. See, a large part of Gateway's responsibility is to the community and the various schools and agencies in and around the Chicago area, and we send out young residents such as Vickie and Jeff and Lee, and other residents, to various high schools. We have spoken in just about every high school in and around the Chicago area, many of them several times, and our young resident speakers who visit these high schools have the ability to get the students to open up.

Almost without exception, their appraisal of the percentage of drug use is reenforced and confirmed by all of our young residents that go on speaking engagements in the high schools, that up to 25–30 percent are fairly regular users of polydrugs, and up to possibly 50 to 75 percent are occasional users and experimental users of drugs. This has been consistently confirmed by residents of Gateway going on speaking engagements to various high schools and agencies.

Mr. PHILLIPS. The program you have is a very, very fine one from what I have observed, and very well run. However, it is a long-term program. It takes about 18 months?

Mr. CHARNETT. Eighteen months to two years for the complete process, but during that time the person is involved in entry, such as the young people behind me who are in high school or are about to go in high school while they are residents of the program.

Mr. PHILLIPS. Is there some program you think that could be designed which would not take the child away from its home for any such lengthy sustained time?

Or could we intervene sooner in some of these children's lives with some type of program so we could have some type of a modified Gateway House?

We heard of a program in Florida called "Seed" which intervened for a period of 3 weeks constantly, and then tapered off. Is there some combination of programs that we could really design to try to help these kids without getting into the 18-month program?

Mr. CHARNETT. I am sure there is a combination of programs or some program that could be designed to be effective shorter than an 18-month period. But I think what is more important is the individual that is being dealt with. If a youngster has a serious behavioral disorder, serious acting-out problem, serious drug use, this situation has built up, taken the first 16 years of his life to develop that life style, that attitude, that set of values, that ability to indulge in self-defeating behavior. I do not believe when you get a youngster who is that far involved in destructive behavior and drug abuse that you can really change his life style, change his pattern of behavior to the point where after 30, 60, or 90 days he is going to come out a fairly positively oriented person who is concerned about his own future and well being in a responsible way.

I think that that kind of an individual has to be thoroughly immersed in long-time reeducational process. I think, however, there are a lot of additional youngsters who are not that bad; they are using drugs more because of the need for peer group acceptance and more because of peer group pressure than an emotional void in their belly and character malformation. I think for these kids a shorter term program might well be effective. It depends primarily on the kind of individual you are trying to reach.

Mr. PHILLIPS. Thank you very much.

Chairman PEPPER. Do you use any drugs in your treatment and rehab program?

Mr. CHARNETT. No, sir. We are an abstinence program.

Chairman PEPPER. Not at all?

Mr. CHARNETT. Not at all. Well, on rare occasions, when we get a heroin user who has an extremely bad heroin habit or a methadone user who has been on methadone maintenance or using methadone illicitly, and we wish to detoxify, but only under circumstances and a doctor's advice, and that averages about four times a year. In terms of on-going treatment methodology, we use no chemicals whatsoever.

Chairman PEPPER. How many institutions comparable to yours in character are in Cook County?

Mr. CHARNETT. In terms of the traditional therapeutic community, none.

Chairman PEPPER. How many young people, or people comparable to those who are in your institution, would you say are in Cook County?

Mr. CHARNETT. I can't really say, but estimates have ranged from a low of 10,000 to a high of 50,000.

Chairman PEPPER. That points up the problem, doesn't it?

Mr. CHARNETT. I agree. I fully agree with the committee's contention that this is a serious drug problem among the young in the country and especially school-age youth. I see it every day.

Chairman PEPPER. Do you believe it is possible, Mr. Charnett, to set up an adequate, perhaps not a peer, health treatment and rehabilitation program in the school system. It may not necessarily be in the school building in which the other children go to school, but as a part of the school system with direction such as you could give, for example, if you were head of the whole program or other knowledgeable people. Can we do anything desirable with respect to treatment and rehabilitation in the school systems of the country?

Mr. CHARNETT. I think, given this country's resources and this country's talents, something definitely could and should be done. But it would be a monumental job, because, I believe, No. 1, all of the teachers in the school per se would have to be involved. I think the parents and immediate families of all the youngsters with the drug problem would have to be involved on some level, and that the youngster's immediate peer group would have to be involved on some level. In other words, what I am saying is: When you are dealing with a problem of drug abuse, drug abuse is not the problem per se, it is that individual and his immediate environment that has really created the problem, and the drug use is a manifestation of the problem and you have to attack it from all sides.

I think the school should participate in identifying the problem and directing the student toward the appropriate help, and another arm, or faction, or agency, actually treats the youngster with the problem but also involves his family and his friends in that treatment process.

Chairman PEPPER. Thank you.

Mr. Murphy?

Mr. MURPHY. Thank you, Mr. Chairman.

Mr. Charnett, what has been your experience with the methadone approach as one modality of a cure for addiction?

Mr. CHARNETT. I think, No. 1, I do not see methadone as a curative. Just like insulin for diabetes, it is a maintenance drug, or a drug that is very valuable in terms of maintaining hard-core heroin addicts who would probably steal a lot less and be a lot less damaging to society, or in the terms of detoxicating the heroin or methadone addict.

I think its use is applicable, again, only to those hard-core heroin addicts. I think it is very appropriate, but I think it should also be used as a last resort.

I think, first, the individual should be given the respect, grace, and dignity to be allowed to do something by himself as a human being without having a chemical crutch to lean on. If that does not work for society's case, if none other than he no longer continues to harm society, I think methadone is very necessary and very appropriate. For the younger drug user, the one in his teens, I think it is persecution of a sort, to allow the youngster to take methadone.

Mr. MURPHY. There have been a lot of suggestions before this committee and other committees of Congress that we in the United States adopt the program presently at work in England on heroin maintenance. I just returned from England where I discussed the problem a little bit with the director. A person comes in for his daily dosage of heroin in the clinic. They have little booths set aside where heroin is administered. Of course, they do not have quite the problem we have here. I think they have 3,000 patients receiving treatment.

Although this has been suggested, as I mentioned before, to this committee, I would like to have your opinion on this.

I am talking about the heroin maintenance program now. Do you see any hope or any idea that could possibly work here in the States?

Mr. CHARNETT. In terms of heroin maintenance?

Mr. MURPHY. Right.

Mr. CHARNETT. England largely has abandoned heroin maintenance. Now, it is 80 to 90 percent replaced with methadone maintenance as the choice.

Mr. MURPHY. I found they were still administering heroin.

Mr. CHARNETT. They do some, but it has primarily shifted to methadone because they found heroin was largely unsatisfactory—in creating more addicts, frankly.

Mr. MURPHY. You see no merit to the program?

Mr. CHARNETT. Certainly not to heroin maintenance of any kind.

Chairman PEPPER. Excuse me. Would my colleague yield?

Mr. MURPHY. Yes.

Chairman PEPPER. Mr. Charnett, would you make a distinction between the young person who has been only for a short time an addict, and what we call a hardened addict, an adult maybe 30, 40, 45 years old, who has been using heroin for a long while?

Mr. CHARNETT. Very definitely so.

Chairman PEPPER. Would you make a distinction between those classes?

Mr. CHARNETT. Very definitely so. Again, as I said before, I think it is more of a crime than heroin use itself to take an 18-year-old who has occasionally used heroin for a year or so and put him on a methadone maintenance program.

Chairman PEPPER. What I meant to ask was: Would you think it horrible to use heroin in respect to a mature adult who had a long history or is methadone effective with that class of an addict?

Mr. CHARNETT. I think it would be more appropriate to use methadone with that class of individual, much more so than heroin. Heroin is an extremely dangerous and euphoric drug. It has the potential, as I am sure you are aware, of unfortunately being addictive and unfortunately highly pleasurable. Heroin addiction can spread very, very quickly. If we start a system of heroin maintenance, we will succeed in ending up creating more heroin addicts than we have now.

Mr. MURPHY. Mr. Charnett, you say you and your wife went through a period of your life when you were heroin addicts?

Mr. CHARNETT. Approximately 5 years.

Mr. MURPHY. When did you "come to grips" with yourself, and what brought it about?

Mr. CHARNETT. Well, during that period of time of using heroin together, I was in a difficult position of having to support my habit and my wife's habit. I was running out of people to con and places to go to steal, and I was getting more and more well-known by the police, and I knew that eventually I was in for a long jail sentence, or something equally difficult for me to accept.

First, we had one child, and, then, two children, and, then, our third was born, and I used to bring my wife her fix at the hospital after she had birth by Caesarean because the demorol they gave her was not quite enough to kill the pain because she was addicted to heroin. I brought my daily fix into the hospital.

I saw my whole life going down the sewer with the rest of the garbage. I felt I must do something, even if it was a token effort, so, through various people I heard about Daytop Village, which is on the east coast in New York City, a very fine program with approximately 12 facilities, and I went into Daytop.

When I went in, I went in with the assumption "I am going to do a 6-week or 8-week cure, come back and start all over again, or at least try to start over, or at least reduce my habit."

When I went to Daytop, I found something I never found in all of my efforts in cleaning up before. I found a way of life that had a good deal of meaning. I found people around me who had experienced the drug problem for many years and no longer depended on drugs. I found people I could respect and look up to for their negative accomplishments as well as their present positive accomplishments. I found a way of life that was extremely challenging and meaningful to me, and, slowly, as I began to look at myself, I began to get caught up in that way of life, the therapeutic community philosophy.

I guess it took the first year or so for me to get thoroughly involved in it, and, then, through the remaining 7 years I still see how much I have change and how I still have to be aware of my own ability to be a good and healthy human being.

So, in a way, I am still changing, but I think the bulk of the change was an evolutionary process that took place in the first place of residency, in Daytop Village.

At no one time did I ever seriously want to stop using heroin. When I had heroin and I had money and I had a place to sleep, I did not want to stop using anything. It was only when I didn't have heroin or money or a place to sleep that I said I wanted to do something for myself. I really did not mean it; I just wanted to get out of the discomfort I was in. It was only after I came to Daytop and after I started looking at myself as a human being that I began to get caught up in changing.

Mr. MURPHY. Based on your personal experience as director of the Gateway program here in Cook County, what would your advice be to parents of teenagers in high school and even the younger students? Are there some steps which a parent could become aware of, or signs he could become aware of to avoid this.

I know in the Seed program in Miami, we had a Federal judge whose child experimented with narcotics. He thought he knew all there was to know about narcotics. One day he woke up and found his 14-year-old daughter was a heroin addict. What can parents do? What lessons have you learned from your experience as director of Gateway Houses that you could convey to this panel today?

Mr. CHARNETT. I think, in terms of physical symptoms for parents to look for, just about every physical symptom that is produced by drugs can be produced by innocuous circumstances such as dilation or contraction of pupils when going from one room to another which is brightly lit or dimly lit; excessive sweating by running around the block. I think the physical symptoms are overrated because they can be reproduced by any harmless involvement or activity.

I think the main thing is to know your child, to know and respond to a sudden behavioral change of any kind, to evaluate whether your child is responsible in terms of his contributions to family support, responsible in terms of his selection of peer groups and friends, responsible in terms of his high school work, and, generally, to be intimately involved with your child and know him well enough to sense when something is wrong. It is not necessary to ask your child to roll up his sleeve and look up his arms. By that time, you know and don't even want to admit it, but you are so separated from your children you do not want to attack it directly. It is too late at that point.

The advice I can give is a very easy thing to say but, I guess, a very hard thing to be, and that is to be intimately involved with your children, practice what you preach, be your own model for them, care about them, be sensitive to them, be understanding with them, and guide them to grow up to be mature human beings.

If, by the time the child is 16 or 17, he is shooting heroin or really acting up in a thoroughly self-defeating way, it is generally too late for the parents to do anything because they have a lot to do with creating that kind of a situation which will guide that child to make self-defeating choices.

I think, by that time, it is up to someone else to intervene and help.

Mr. MURPHY. Based on your experience, do you find from talking to the youngsters in your program that their parents, and their parents' generation, never considered drug fashionable, that they have a hard time and embarrassment in relating to it, and don't even want to hear about it.

I know our committee has found that some boards of education around the country do not want to admit there is a problem; they do not want you to come in and say: "Do you have a problem?" The teachers are afraid to report: "We do have a problem." They are afraid the parents of the children will take some punitive action against them and the school board.

Do you find that so?

Mr. CHARNETT. It is very, very common that a principal of a school or supervisor of a school district will not want to make a statement that there is a drug problem.

I firmly believe it is not because there is not one or he cannot see it, because if he makes the statement that there is a drug problem, he puts himself in a position to have to do something about it, and, quite frankly, he does not know what to do. It is easier to put "shades" on and say that there is not one than to say there is and tell the truth and then be put in the position to have to do something about it. Why should be give himself more pressures?

Mr. MURPHY. What recommendations would you make to this committee that we could take back to the Congress, as a whole, maybe in the form of legislation, or even funds for more education?

What program would you recommend to Congress?

Mr. CHARNETT. Again, I think it has to be a multipronged attack. I do not think any one aspect of treatment, prevention, or rehabilitation, will work by itself. I wish I had a concrete solution and I do not, I can't, I haven't; I do know we have to work with the child's family, we have to work with the schools, we have to work with the youngster himself, and we have to work with his peer group on all levels. We cannot expect to put on an educational program in the school 1 hour a day, 5 days a week, and expect 5 hours a week of part-time academic input to undo 16 years of full-time negative emotional input.

That is not going to work by itself. That I do know.

Unfortunately, I am not in a position of knowing what to do. I know what is wrong to do.

Mr. MURPHY. Thank you, Mr. Charnett. I think your testimony here today is a great contribution to this committee. I appreciate your coming.

Chairman PEPPER. Mr. Rangel?

Mr. RANGEL. Mr. Charnett, is your program similar to the Daytop program in New York City?

Mr. CHARNETT. Very similar. I was former director of Daytop. I directed the Swallow facility with which you may be familiar, for 2 years.

Mr. RANGEL. Would you say that the residents of Gateway properly reflect the drug abuse population of Cook County?

Mr. CHARNETT. That is a very difficult question to answer. There have been really no accurate surveys made or epidemiological surveys made in Cook County. The only studies made in Cook County concern primarily heroin addiction per se and were done by the University of Chicago and the State of Illinois Drug Abuse Program.

Mr. RANGEL. What would you say is the racial composition of the residents of Gateway?

Mr. CHARNETT. About 35 to 40 percent black, and about 60 to 65 white.

Mr. RANGEL. And the Spanish-speaking community, do you have Spanish-speaking?

Mr. CHARNETT. Yes; 5 percent, roughly; 7 percent. Something along those lines.

Mr. RANGEL. Do you find any difference in the type of drug abuse, generally speaking, as relates to your black and white population?

Mr. CHARNETT. Yes. Generally speaking, we find the white population generally tends toward the hallucinogenic drugs, amphetamine-type drugs, more so than the heroin- and barbiturate-type drugs. The black and Spanish population generally tend to be more involved with the heroin- and barbiturate-type drugs.

Mr. RANGEL. Do you find any difference in the economic background as relates to the ethnic composition of your residents?

Mr. CHARNETT. Yes, there is a difference. The black and Spanish residents that we have generally come from a lower socioeconomic status than the white residents.

Mr. RANGEL. While you are searching to deal with these self-destructive personalities and self-defeating behavior patterns, how do your counselors deal with the differences in the environmental conditions from which your residents come?

Mr. CHARNETT. Our counselors are a fair reflection of the residents themselves in terms of racial balance, in terms of socioeconomic background. I am saying that about 25 percent of our staff is black, and we have one Spanish staff member, and they generally reflect most of the resident population in terms of balance.

Maybe I am not answering your question accurately.

Mr. RANGEL. How do you deal with reentry?

If a person is going to reenter the society from whence he came, and if, in fact, a poorer person, regardless of his color, is going to reenter a ghetto community, how do you deal with that?

Mr. CHARNETT. We don't, because we consider, if we have done our job properly, that individual, regardless of his color or socioeconomic level, will want something better for himself. And, again, if we have done our job properly, that individual will not want to go back to the same area, the same neighborhood, the same peer group he has come from. He will, in fact, seek out something better and something more meaningful for himself.

Mr. RANGEL. Then, isn't it a fact if these problems were dealt with before the person abused drugs, then perhaps they would be seeking these very same goals without ever having been dependent on drugs?

Mr. CHARNETT. I would agree with that, yes.

Mr. RANGEL. I assume your only professional experience in dealing with drugs has been restricted to your own personal experience and that which you acquired at Daytop?

Mr. CHARNETT. No. I used drugs for 15 years.

Mr. RANGEL. I said "your own personal experience" as well as the skills you acquired as an employee of Daytop.

Mr. CHARNETT. Plus a few other positions that I have not mentioned in the field. I operated a storefront store in Asbury Park, N.J., plus I provided services to the State's attorney's office here in Cook

County and worked with juvenile offenders and first drug offenders, plus several other responsibilities.

Mr. RANGEL. But if you had to describe your skills and talents, would it not be in dealing with the problems of people rather than the problems of drug abuse?

Mr. CHARNETT. Very definitely so. Amazingly enough, no matter what background the individual comes from, no matter what race he is, no matter what behavioral disorders exist, car stealing, drug using, homosexuality, alcoholism, wife beating—when you really begin to peel away the layers—you find the same fears, same frustrations, same uncertainties, the same needs for immediate gratification exist in all of these people.

Mr. RANGEL. So, basically, if we wanted to deal with the problem that we face on a day-to-day basis now—that is drug abuse—it would be far more effective to deal with the quality of life of the people before they became drug abusers; is that correct?

Mr. CHARNETT. Ideally speaking, yes. And about the closest we can get to dealing with the quality of life is working with the institutions that exist in our society—the school, the church, the family—on as many layers as possible.

Mr. RANGEL. But if the institutions of Government do not provide the resources to improve that quality of life, then the church can be of very little assistance?

Mr. CHARNETT. Exactly.

Mr. RANGEL. And it would avoid your being in what I hope is a very embarrassing position, to have to suggest that methadone is the same as insulin to a diabetic?

Mr. CHARNETT. I am sorry. Would you repeat that?

Mr. RANGEL. I thought I heard you say that we have to deal with methadone to a drug addict as we might deal with insulin to a diabetic. It has been my experience that methadone is a very addictive drug where insulin is not.

Mr. CHARNETT. I am speaking about that in terms of Representative Murphy's reference to methadone as a treatment form. Methadone, itself, is not a treatment, no more than insulin is a treatment.

Mr. RANGEL. It is perpetuating addiction?

Mr. CHARNETT. At the expense of the individual, yes; for the benefit of society, no.

Let's put it this way. If we can take a 35-year-old hard-core heroin addict and try all kinds of treatment directions for him, and all of those treatment directions are to no avail, and then we have the choice of giving that individual a legitimate legal dosage of methadone 7 days a week, so he no longer goes out and robs, he no longer is a burden on his family and friends, and no longer has to face the degradation of going to jail or possibly dying from an overdose, he is still not a self-sufficient human being; he is still really in the large sense of the word, "controlled" by drugs. But when we start thinking about the harm he does to those people around him, emotionally and financially, you have to strike some sort of a balance, and, as a last resort, I think the methadone answer is the appropriate answer for the hard-core addict who cannot respond to other treatment forms.

Ideally, if he could, then, of course, the methadone should not be used. But if he can't, what do you do?

Mr. **Rangel**. Have you found any information as to whether or not methadone has been considered a safe drug by the Food and Drug Administration?

Mr. **Charnett**. Again, you will have to qualify that question. Aspirin can be a highly unsafe drug, an infant can overdose from aspirin. But the Food and Drug Administration has found that aspirin used as directed can be generally safe and methadone used as directed for the purposes directed is generally a safe drug. Unfortunately, methadone all too often is available illicitly and misused.

Mr. **Rangel**. I am talking about the legally controlled administration of methadone by professional doctors and ordinary citizens. I have been unable to find any directive from the Food and Drug Administration to indicate that this is a safe drug.

Mr. **Charnett**. It is still classified as a research drug.

Mr. **Rangel**. Which means they are experimenting with the drug?

Mr. **Charnett**. Yes.

Mr. **Rangel**. Which means we are saying that for the general safety of the society we have found ourselves in, what I hope you would agree, a very embarrassing position, to say that we will perpetuate the use of an unsafe drug to protect those who are not addicted.

Mr. **Charnett**. We haven't established it was unsafe, nor have we established it is safe.

Mr. **Rangel**. You must admit the general society has a better opportunity to protect itself against what medicine is given to it than an addict would?

Mr. **Charnett**. Definitely, I would admit that.

Mr. **Rangel**. If you had to classify your addicts that are hard core, whether we like it or not, they are going to look like the Spanish-speaking and black population?

Mr. **Charnett**. In part, I guess so.

Mr. **Rangel**. So, you could understand how there would be very, very strong feelings coming from members of addicts of particular populations as to why we are not directing ourselves to research, we are not directing ourselves to improving the conditions which allow people to become dependent on drugs and find ourselves in the position of saying that while the Government has not seen fit to find an antagonist, while the Government has not seen fit to direct its resources to improve the quality of life, this U.S. Government can say categorically that the majority of the dollars that will be spent in terms of drug programs will go to methadone programs which, so far, we have not found to be safe.

Mr. **Charnett**. I would go so far as to say methadone in many respects and in many senses of the word is politically expedient and some of the money in rehabilitation is certainly misdirected.

Mr. **Rangel**. So, I would support your program, and I hope there could be a possible expansion of the type of services that you could render to the general community, whether addicted or nonaddicted, and I think we really have to look at the causes, because, you pointed it out yourself, many people addicted to drugs have no emotional self-destructive problems; the problems have come from the community, come from peer pressure, and once you find a physical dependency on the drug, you may deal with while the person sought this route to relieve himself of it, but if you are going to send him right back to the very same environment, then, really, he has to go to another program.

Mr. CHARNETT. You are certainly not accomplishing anything for the individual, as I said before.

Mr. RANGEL. I certainly appreciate the contribution you have been able to make to this committee.

My questions were not to degrade the quality of service that your office is rendering, but all of the Daytops in the world, in Harlem, will not solve our problems.

Mr. CHARNETT. I am aware of that. I used to come from Harlem years ago.

Chairman PEPPER. Mr. Charnett, we have had other witnesses before our committee, including Dr. Dole who, with his wife, developed the use of methadone in the way it is now being used, who stated that only about 30 percent of the heroin addicts were really proper subjects for the use of methadone, and that there should be careful examination of people to whom you propose to administer methadone.

Mr. CHARNETT. I agree with that.

Chairman PEPPER. So, it is admittedly an addictive drug. It has to be used over longer periods of time if one wishes to stay free of heroin. We do not know, as you say, what may be the effects of the long-term use of it.

All of these things simply point up the necessity of the utmost effort on the part of our governmental agencies to try to find a better drug to treat heroin addiction than methadone.

For example, this committee has for 2 or 3 years been pressing as hard as it could to get an adequate amount of money to authorize the kind of research that might discover a long-lasting, orally taken drug, not an opiate and not addictive, with no injurious side effects, that could be used in place of methadone. We have made the suggestion that we should stimulate the drug houses. They have more personnel and more facilities than any laboratory in the country, to work in this area, and we have been pressing for programs to try to bring them in, to a larger degree, to participate in this type of research.

You would agree, would you not, that that is a desirable objective?

Mr. CHARNETT. I think it is a very desirable objective, seeing that pharmaceutical houses here in the United States manufacture the amphetamines and barbiturates which are consistently abused by our youth. In fact, a doctor who is chairman of the Illinois Medical Society's Division on Dangerous Drugs, I believe, made the statement that roughly 90 percent of all the amphetamines and barbiturates manufactured by pharmaceutical houses in this country are ultimately abused in one way, shape, or form.

Chairman PEPPER. Since you mention that, our committee has just begun to look into the barbiturate question, but we do claim some credit for initiating the fight to reduce the number of amphetamines produced and distributed. When we got in the area, we discovered that 8 million amphetamine tablets were manufactured and distributed in this country every year, and we found out from a very competent medical authority that only a few thousand, and in the opinion of some only a few hundred, were actually needed for narcolepsy, hyperkinesia, and obesity, where most people wound up losing a few pounds and acquiring an addiction to the taking of these pep pills.

Now, the executive department, the Congress, and our committee have had an actual part in this. All working together, we have reduced the amount of amphetamine tablets being manufactured in the country by about 80 percent. Now, we are working on the equivalent of that program and the restriction.

I wanted to ask you two questions.

How is Gateway Houses Foundation funded?

Mr. CHARNETT. This year, we had a $1.2 million budget for all of our operations. Approximately $800,000 of that money is provided by two State agencies, the Illinois Law Enforcement Commission which gets its money from the Safe Streets Act, Federal money, and the Illinois Department of Mental Health.

The remaining $400,000, which is our deficit this year, is provided for by private contribution.

We are presently, if I may say, intending to apply for additional funding from NARA and HEW.

Chairman PEPPER. Could you just give us the percentages, approximate percentages, of contribution by Federal, State, and private sources?

Mr. CHARNETT. Yes. Two-thirds by Federal and State—well, indirectly, Federal—two-thirds by State agencies and one-third by private contribution.

Chairman PEPPER. And a part of the State contribution comes from the Federal?

Mr. CHARNETT. One-third of those State contributions is made possible by Federal money.

Chairman PEPPER. Your programs seems to be highly effective and most commendable. Are you a psychiatrist, a professional psychiatrist?

Mr. CHARNETT. No. Again, I am an ex-drug user for approximately 15 years, with 8 years of experience in rehabilitating myself and rehabilitating other people.

Chairman PEPPER. Are you a professional psychologist?

Mr. CHARNETT. No, I have had no medical training.

Chairman PEPPER. Well, I wish we could get some of these bureaucrats in Washington to understand that you do not have to be a professional psychiatrist, a professional psychologist, or a professional medical person, or a professional anything else, to be able to run a good drug treatment and rehabilitation program.

Mr. CHARNETT. Thank you.

Chairman PEPPER. I know right now some of the Federal agencies that are clamping down on and strangling some agencies that are doing work apparently comparable to yours, because they do not have the proper staff——

Mr. CHARNETT. To give you an example: Approximately 2 years ago we applied for additional moneys to operate a storefront, and receive people from Lexington, Ky., the Public Health Hospital there, to treat them in their own community on an outpatient basis. One of the reasons we had difficulty getting funding was because we did not have a person with a master's degree in psychology on our staff.

Chairman PEPPER. Exactly; that is exactly what they are doing. A part of our committee work is investigating the correctional institution systems of the country in relation to crime, and some of us on the committee visited, Red Wing, Minn., and we found a program for young offenders there that was installed by a professor at the University of Minnesota who used to be head of the correctional system of Kentucky. The professor put a new therapy program into operation. The situation was so bad in that institution that the inhabitants of Red Wing summoned the Governor and the head of the correctional institution system of the State to remonstrate them, and, then, they put the new system in, they got rid of their psychiatrist and psychologist and put in people who knew how to deal with young people. They used the group plan, 10 in a group, for therapy, and the superintendent told me that the best man they had on the campus was the fellow that ran the shoeshop; that he know how to deal with boys.

Mr. Charnett. It is the ability, the empathy, understanding, commitment, that really counts, not so much the academic education.

Chairman Pepper. Mr. Blommer, I believe you had a question.

Mr. Blommer. Mr. Charnett, how do the clients of Gateway get into Gateway? Are they volunteers or committed?

Mr. Charnett. Roughly, 50 percent are volunteers and 50 percent are given a choice by the local narcotics court here, either to go to jail or to—if he cops a plea, so to speak, they will find him guilty, place him on probation with the stipulation that he participate in the Gateway Houses program.

Basically, it is 50 percent voluntary and 50 percent indirectly through legal pressure, because we are not a commitment institution. No one can be directly committed to us. They have to want to come in lieu of another legal choice such as commitment to a penitentiary or jail.

Mr. Blommer. From your experience, it seems to me that your motivation to straighten your own life out came after you were already in Daytop; that motivation didn't come before. Does that mean you favor an involuntary commitment program?

Mr. Charnett. I favor a form of commitment—or let's say a form of outside pressure for motivation—for the initial 2, 4, 6, 8 months until the we have holding power to keep the individual in a program until the individual really begins to be self-directed, and once that individual begins to be self-directed the commitment is no longer necessary, nor the question.

Mr. Blommer. The three children we had here earlier—I do not know how they came to Gateway——

Mr. Murphey. Young adults.

Mr. Blommer. Young adults. But it seems to me your program could be effective, whether or not they volunteered or were forced or committed. The point is: Once they are there the program would work. Is that correct?

Mr. Charnett. Yes. In fact, in a recent research we did about this particular question, we found in the long run it made absolutely no difference whether or not an individual had a stipulation on his probation or came in voluntarily.

Mr. Rangel. Could I have that answer again?

Mr. Charnett. In the long run it makes absolutely no difference whether the individual came in voluntarily or was given a stipulation on his probation by a judge to go to Gateway. In the long run, it made no difference. The only difference it did make was in the initial several months of holding power. The holding power for the first several months tended to be somewhat higher with those who had a stipulation on their probation.

Mr. Rangel. That makes a lot of sense, and while I do support voluntary commitment, have you heard any complaints from your residents that when faced with the possible conviction and sentence to jail that they copped out, knowing they would be sent to a residential home?

Mr. Charnett. Oh, yes. All of them very readily admit it.

In fact, we will not accept them unless they tell us just that truth, that they really do not want to come to Gateway but it is really the lesser of two evils when they are facing jail.

Mr. Rangel. I have not made my question clear.

Have some of them said they thought they were innocent of the narcotic charge against them but rather than take the gamble of a trial, that they knew that (1) of being sent to jail and (2)——

Mr. Charnett. No, not at all. Everyone of our residents was heavily involved in drugs on one level or in one way or another.

Mr. Rangel. It is no crime to be involved as a user, but I am talking about the suggestion of the court to (1) at the time he was entering his plea—which may sound something like "You have the opportunity to plead not guilty, to go trial, and you will go to jail"; or (2) "You have the opportunity today to plead guilty to the lesser charge and be paroled to Day Top or Gateway."

Mr. Charnett. Well, in a more specific answer, let's say that out of roughly 200 residents, or so, there may have been one or two of them with beefs, and that is the extent; where a person who is using drugs is not busted right, so to speak.

Mr. Rangel. Involuntary commitment does not necessarily mean that commitment has to emanate from the criminal court.

Mr. Charnett. Correct.

Mr. Blommer. You say you have 200 clients now; correct?

Mr. Charnett. Approximately.

Mr. Blommer. If the figures we have heard so far mean anything, there must be 20,000 high school students who are seriously involved in drug abuse daily.

Mr. Charnett. Yes.

Mr. Blommer. It seems to me those students would benefit by being in your program, no matter how they got in.

Mr. Charnett. Some of them in all likelihood would: there is no doubt about it. But what we would like to do, quite frankly is—You see, our people that graduated, they are really very highly sought after individuals and are considered very competent and very skillful in dealing with drug abusers, and while Gateway itself cannot directly reach a large proportion of the drug-using population, each person whom we graduate, who goes out and gets a job using his critical skill for drug-abuse agencies, reaches *x* number of individals. We feel the therapeutic community, even though its first responsibility is treatment and correction in attitudes and values, et cetera, we think its second responsibility is producing a good proportion of those people with the critical skills to go out and expand in a pyramiding fashion, the attack on drug abuse amongest the young and the old.

Mr. Blommer. So, you would not favor a substantial increase in the facilities of your program?

Mr. **Charnett**. No; I would favor, quite frankly, an additional facility every now and then when we are too jammed up and have to sleep people on the couch, and also defending "we need to exist," because we can't always depend on making up a $350,000 or $400,000 deficit.

Mr. **Murphy**. Speaking of your deficit, do you feel there is a lot of money lost when it is allocated to the State government and when there are administrative costs involved?

Mr. **Charnett**. Yes, it could; and it is. We recently applied for some HEW money, direct Federal funding. We were turned down, unfortunately.

Mr. **Murphy**. On what basis were you turned down? Not enough professionals and doctors?

Mr. **Charnett**. No, it was nothing like that. They thought the proposal was somewhat unclear and somewhat hazy, and we did not have enough documented information of the various kinds they would be interested in receiving on the drug problem in our area, et cetera. We are reapplying.

Mr. **Murphy**. Was this denial of your application done on a personal basis or through the mail?

Mr. **Charnett**. This was done, initially, through the mail. We received a letter informing us of the denial. When we called up, we received a letter outlining 11 points that the committee that reviewed the grant application brought up as the basis for denial.

Mr. **Murphy**. Did this committee come out personally to inspect your premises, to see the success of your program?

Mr. **Charnett**. No.

Mr. **Murphy**. Their decision was made in Washington, D.C.

Mr. **Charnett**. It was based fully on written material presented by us in our grant application.

Mr. **Rangel**. One of the problems therapeutic communities face is the difficulty in explaining to Washington their degree of success?

Mr. **Charnett**. Yes, and also the dynamics, just in the same way that an individual might have a good deal of difficulty in explaining to his wife giving birth to a number of children and raising those children from the time they are infants to the time they are mature grown up individuals who have left their home and their own constructive way. A therapeutic community operation is not so clear and not so simple that it can be scientifically written up with accuracy any more than the dynamics or intimate family involvement can be accurately reported and written up. It is a very complicated situation to explain.

Mr. **Rangel**. I think Government is coming around to accepting that.

Mr. **Charnett**. I hope so.

Mr. **Rangel**. In view of their failure in their "professionals."

But one of the problems I have with rehabilitation programs is that this dynamic also goes over when one is asking how many drug abusers did you take in and how many can you now identify as reentering into the general society, and, depending on the programs, one then gets into a rhetorical exchange as to what is success.

Mr. **Charnett**. I won't respond that way if you ask me that.

Mr. **Rangel**. Then, you are saying, in your response, you are able to identify?

Mr. **Charnett.** We tell just how many graduates we had, just how many people we have in the process of reentry, what percentage of our splitees have returned to the use of drugs and what percentage of our splitees have returned to treatment.

Mr. **Rangel.** And there is a follow through with your graduates, so you would be able, to some degree of accuracy, determine how long they stayed off of drugs?

Mr. **Charnett.** Yes. We have a research department that recently established using one of our graduate residents who was very interested in research and is attending college, plus a research consultant who, originally, was a researcher for the State of Illinois Department of Mental Health. We are going to start our own research system.

Chairman **Pepper.** Mr. Charnett, I want to congratulate you in that they found only 11 things to complain about instead of 33. You were really up in the top echelon of success. The shocking thing is that any institution that has a commendable—just a commendable and not a perfect—record is so badly needed in every part of America today, if we had the money you would think they would jump at you; that they would be out here and ask you how many more can you take, how many more can you accommodate, how many more facilities can you add and still give the sort of substance to the objective.

Thank you very much, Mr. Charnett.

Mr. **Charnett.** You are very welcome. Thank you for the opportunity.

The following was received for the record from Mr. Charnett:)

GATEWAY HOUSES FOUNDATION, INC., CHICAGO, ILL.

TREATMENT APPROACHES FOR YOUNG RESIDENTS

Gateway Houses Foundation, Inc. is a network of therapeutic communities which, since July, 1968, has entered more than 800 drug addicts or abusers into its unique treatment program. Since 1969, the average age of entering residents has dropped from 27 to an average age approaching 21 for 1972. These young people have drug histories which range from long-term hard drug or poly drug use to short term or minimal drug use. A small percentage have no history of drug use. Since January, 1972, 49% of entering residents have been under 20 years of age.

It is an important part of Gateway's philosophy that any drug dependent person, regardless of age, can be taught to 'grow up' through involvement in the family type environment which stresses confrontation of present behavior and value systems and the gradual development of a mature attitude of care and concern both for himeslf and for those around him. The young person is an important and integral part of the Gateway family.

There are, however, certain changes in the treatment approarch to the young resident which recognizes his youth and the fact that his behavior and value systems are not as firmly nor as rigidly established as they usually are in the older aged resident.

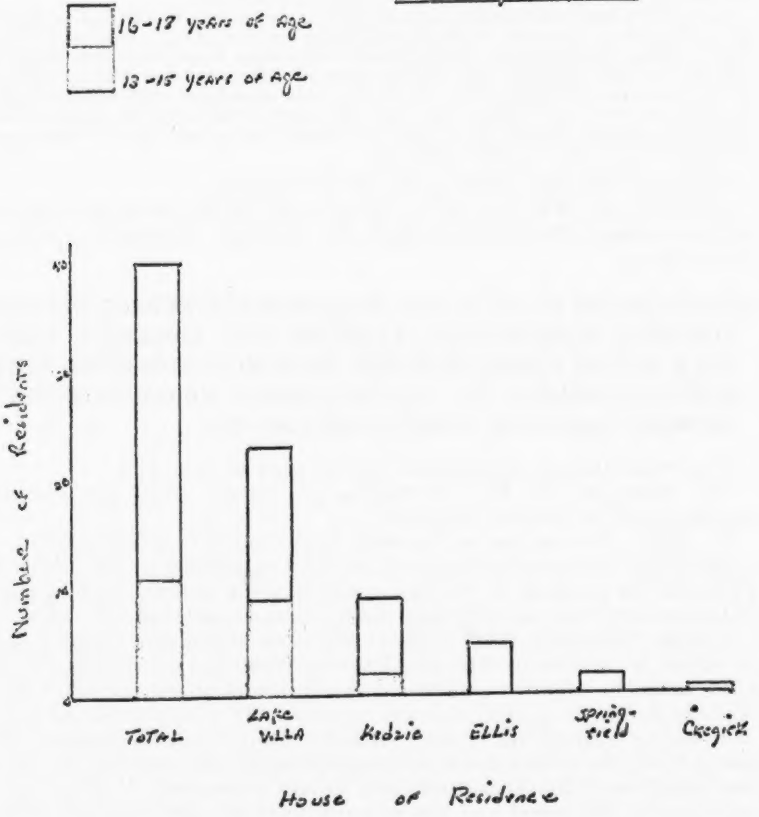
Education is stressed for the young resident. Typically, within the first 4–6 months of residence he will attend the Gateway branch of the Chicago public school on a part-time basis. The purpose of the school is to prevent a lengthy interruption of the education process and prepare the resident for entry into high school, college or for the General Education Development test (equivalent to a high school diploma).

The young resident can be expected to move into the Re-entry (Second Phase) portion of the program sooner than the older aged resident, and usually remains in ths Phase for a longer period of time. The emphasis for the young resident, then, is on a shortened period in the First Phase of intensive therapeutic treatment and a more rapid re-entry back into the community and involvement with his peers. The majority of his time and continued treatment will then focus on this re-entry period.

Administrative Offices

Persons in Residence 13-18 years of Age*

As of August 24, 1972



*Age figured as of Jan. 1, 1972

Young people entering Gateway typically come with a background of delinquency and problems in their schools. Most residents first began drug use while in school and continued until their expulsion or entry into treatment. This seems common among those coming from both urban and suburban schools.

The majority of residents prepared by Gateway to re-enter school have been successful within the public school system. To date, all residents enter the Antioch High School in Antioch, Illinois, the local public high school for our Lake Villa facility. Fourteen residents will continue or enter Antioch High School this fall and three have graduated. We feel it is significant that only 9% of all resident students enrolled in either the in-residence school or the public high school have dropped out from school.

Young residents also participate actively in Gateway's speaking engagement program. The majority of requests for speakers come from junior and senior high schools and are filled by Gateway residents who are usually close to the same age as the student audience and can relate their own drug problems and the change they have been accomplishing while at Gateway.

Young poly-drug users whose behavior has not reached the point of warranting a long-term treatment program will be served by Maze I, a Gateway non-resident storefront program being opened on Chicago's north side. This program will receive referrals from the States' Attorney's First Offender drug program as well as other referrals and non-referrals. The storefront staff will be young Gateway staff or staff trainees who can best relate to the drug using sub-culture and will include an information center, hot line phone as well as a modified version of the Gateway therapeutic process.

Chairman PEPPER. Counsel, call the next witness.

Mr. PHILLIPS. The next witnesses are a group of educators that are administrators: Dr. Charles Holt, Mr. Edward Rachford, and Dr. James Moore.

STATEMENTS OF DR. CHARLES C. HOLT, SUPERINTENDENT, PROVISO TOWNSHIP HIGH SCHOOLS, MAYWOOD, ILL.; EDWARD J. RACHFORD, ACTING SUPERINTENDENT, HOMEWOOD-FLOSSMOOR HIGH SCHOOL, FLOSSMOOR, ILL.; AND DR. JAMES F. MOORE, PRINCIPAL, MORGAN PARK HIGH SCHOOL, CHICAGO, ILL.

Chairman PEPPER. Gentlemen, we are glad to have you.

Mr. PHILLIPS. Dr. Holt, I believe you have a brief preliminary statement. We would like to hear it.

Dr. HOLT. Proviso, not unlike other high schools in this country, has experienced the use of illegal and harmful substances by its students. Perhaps, the problem at Proviso is not as great as some high schools in the country but, nevertheless, the problem is real and does exist.

Proviso Township High Schools have two attendance centers, one of which is located in Hillside. Proviso West has an enrollment of 4,700 students whose socioeconomic background spans the spectrum. Student followup studies indicate approximately 55 percent of Proviso West's graduating seniors continue their formal education, 40 percent join the work force or are married, and 5 percent join the various branches of the armed services, or are uncounted. Proviso East is located in Maywood and has an enrollment of 3,900 students. Proviso East has a multiracial student body whose socioeconomic background ranges from the middle to the lower end of the scale. Studies indicate that approximately 40 percent of the graduating seniors continue their formal education, 35 percent enter the labor force or are married, and 15 percent join the Armed Forces or are unaccounted.

The staff of the school newspaper at Proviso East constructed a single instrument to gain meaningful insight into the use of drugs at Proviso East. The questionnaire contained four questions, which sought a choice of answers to printed responses. This was done by the students in the school, was constructed by them and is totally their work. They were interested at that time in a composite of age of those who had tried drugs and if there was a difference. So, they came up with the figures that at 14 years of age only 4.5 percent had tried drugs; at 15 years of age 13 percent; at 16 years, 26.5 percent; 17 years, 25.5; and at 18 years, 44.5 percent.

They raised the question: "Are present marihuana laws too harsh?" For 14-year-olds, 33 percent of them said "Yes." The 15-year-olds, 40 percent said "Yes." The 16-year-olds, 55 percent said "Yes." The 17-year-olds, 62 percent. And, then, the 18-year-olds began to have second thoughts, perhaps, and 50 percent said that they were too harsh.

"Should marihuana be legalized?" About the same figures as the previous question.

Then, they raised the question:

"Have you ever been caught?"

This is, again, kids' language—"Have you ever been caught with illegal narcotics?" The 14-year-olds, "Yes," 1.5 percent; 15-year-olds, "Yes," 5 percent; 16-year-olds, "Yes," 3 percent; 17-year-olds, "Yes," 5 percent, and 18-year-olds, "Yes," 3 percent, have been caught with the drugs.

(The document mentioned above follows:)

Data Collected by the Staff of the High School Newspaper—Proviso East

***Composite by age of those who have tried drugs.*—14 yrs.—4.5%; 15 yrs.—13%; 16 yrs.—26.5%; 17 yrs.—25.5%; 18 yrs.—34.5%**

***Are present marijuana laws too harsh?*—14 yrs.—yes 33%; 15 yrs.—yes 40%; 16 yrs.—yes 55%; 17 yrs.—yes 62%; 18 yrs.—yes 50%**

***Should marijuana be legalized?*—14 yrs.—yes 26.5%; 15 yrs.—yes 35.5%; 16 yrs.—yes 40%; 17 yrs.—yes 48%; 18 yrs.—57.5%**

***Have you ever been caught with illegal narcotics?*—14 yrs.—yes 1.5%; 15 yrs.—yes .5%; 16 yrs.—yes 3%; 17 yrs.—yes 5%; 18 yrs.—yes 3%**

Dr. Holt. In May of 1971, the Columbia University School of Public Health and Administrative Medicine conducted a research project at Proviso West High School.

This survey was administered by persons from Columbia University in all English classes. It was pointed out to the students that there would be no identification on the questionnaire which would indicate who completed it. There were 3,747 students who completed the questionnaire, or 88.9 percent of the total student body. The remaining 11.1 percent were those students who were absent or early dismissals.

"Have you ever tried marijuana?" 34.1 percent.

"Barbiturates, ever tried?" 18.2 percent.

"Amphetamines, ups, ever tried?" 15.7 percent.

"LSD, ever used?" 10.3 percent.

"Psychedelics other than LSD?" 16.2 percent had tried.

"Methedrine, speed, ever tried?" 14.4 percent.

"Glue, Gas, Inhalants, ever tried?" 12.6 percent.

"Cocaine?" 8.2 percent.

"Heroin?" 4.7 percent.

(An excerpt from the survey referred to follows:)

DATA COLLECTED BY THE COLUMBIA UNIVERSITY

RESULTS

Marijuana: Ever tried?—34.1%
Used 3 or more times in last 2 months.—16.7%
Barbituarates: Ever tried?—18.2%
Used 3 or more times in last 2 months.—4.3%
Amphetamines—Ups: Ever tried?—15.7%
Used 3 or more times in last 2 months.—4.2%
LSD: Ever used?—10.3%
Used 3 or more times in last 2 months.—1.2%
Psychedelics other than LSD: Ever tried?—16.2%
Used 3 or more times in last 2 months.—5.4%
Methedrine—Speed: Ever tried?—14.4%
Used 3 or more times in last 2 months.—4.8%
Glue, Gas, Inhalants: Ever tried?—12.6%
Used 3 or more times in last 2 months.—1.1%
Cocaine: Ever tried?—8.2%
Used 3 or more times in last 2 months.—0.6%
Heroin: Ever tried?—4.7%
Used 3 or more times in last 2 months.—0.6%

How many of your close friends use:	*Percent*
Marijuana	21. 1
Ups	6. 4
Downs	4. 6
LSD	3. 7
Heroin	1. 1

How often have you been offered a drug that you never tried before?	
Often	16. 2
Sometimes	28. 1
Never	55. 2
NA	. 5

Do you worry about drug use among young people today?	
Yes, a great deal	35. 6
Somewhat	38. 3
Much too much	16. 7
Not at all	8. 9
NA	. 5

Do you smoke cigarettes?	
Yes	28. 9
No	55. 8
Used to but not now	14. 6
NA	. 7

How often do you drink beer or wine with family?	
About every day	1. 3
Several times a week	6. 4
Once a week	13. 2
Two-three times a month	17. 5

Dr. HOLT. Then, they went on with other parts of the study, and I thought it was significant. One of the things we have tried to do. which, to me at least, seems to be necessary, is to build a profile of the drug user in the particular setting in whic your school is located: What does he look like; what kind of a student is this?

The Proviso Township High School District is a comprehensive, cosmopolitan high school district of 8,600 students who come from a number of middle-income communities. The median income for the entire township is $9,300; 45 percent of the families have an income of $12,000 or more; and 2½ percent have an income of $3,000 or below. Both parents work and are thus not available to supervise the home.

The families, having achieved some financial security, have moved to this near west suburban township from the areas of Chicago which have been threatened by racial problems. The greatest population growth has occurred in the last 15 years. Community ethnic representation is predominantly German, Italian, Polish, Irish, and English. There has been a recent influx of Spanish and Greek students. It is a predominantly Catholic area.

The typical Proviso drug user is mostly involved with marihuana, somewhat involved with amphetamines, barbiturates, LSD, speed, and glue, and is rarely involved with heroin or cocaine. The user exhibits any or all of the characteristics listed below:

(1) His intellectual ability is above average in keeping with the general population, yet he is an underachiever.

(2) His attendance is irregular, he is often tardy, has some academic difficulty, and is not a discipline problem.

(3) He does not participate in extracurricular activities, athletics, or social functions.

(4) This student's anxiety level in school, home, and community is high. He is unable to cope with daily pressures. He is unable to communicate with adults. He cannot handle the fears and pressures that arise in his environment. All of these factors have an accumulative effect upon the child and lessen his ability to function and lead to drug usage. He usually questions the values and standards of adults with whom he comes in contact because of the inconsistencies he finds in their values and attitudes. This leads to an overall passive resistance to authority.

(5) The parents of the drug user demonstrate inability to set consistent, realistic standards. The parents frequently fail to reward the student for legitimate accomplishments.

(6) The drug user sees society's recent tendency to react favorably to marihuana; he notes a greater tolerance toward drugs by society, and thus rationalizes his own usage of marihuana and other drugs. This attitude is fortified by peer pressure.

(7) Before becoming involved in drugs, he was convinced that there was a widespread usage of drugs within his peer group. His involvement was aided by curiosity and the glamor and euphoria depicted in films that were a part of existing drug abuse programs. He is typical of today's teenagers who cannot accept the overstated harmful effect of drugs that are made by adults but prefers to experiment and find the truth for himself. And ——

(8) The drug user will continue to use drugs until he either becomes concerned about his own well being or gains the ability to cope with his problems. He uses drugs to mask the inadequacies he feels. The drug user often will turn to specialized school personnel for assistance in solving other problems that are a primary cause for his drug usage. He will continue to relate to this person until that person begins to make value judgments. And, here Mr. Chairman, I think it most difficult to say one has specialized people who deal, and they alone deal, with the drug problem. You hear from students that there is a particular person that they relate to. That is why it is so important that all of us in these schools gain some knowledge in this whole field. The person he may relate to may be a coach, he may be an industrial arts

teacher, it may be the home economics teacher, whomever. It may be a person that appeals to him.

Therefore, it seems to me that it makes a case that all of us have to become knowledgeable. I do not think there is such a thing as saying "This is the drug section; you go to your counselor because we call him 'Counselor' or go to the social worker." He ought to be able to go where he relates, it seems to me.

Chairman PEPPER. If I may interrupt you, to corroborate your statement. I do not mind saying that if I ever received anything credible in my life, I owe most of it, besides to my dear parents, to a high school principal and a fifth grade teacher. It is so meaningful to me, what you say.

Dr. HOLT. I think, probably, Mr. Chairman, most of us could make that same statement. I think that bears out the point I was trying to make.

Mr. PHILLIPS. Just on that point, before you proceed. We, in talking to many administrators and many teachers here, run into general agreement with that idea, that everyone, all of us, should be more alert, more aware of it, but some of the teachers have told us they receive inadequate training, inadequate teaching, that they do not really feel competent to deal with the young drug abuser. Would you comment on that position?

Dr. HOLT. Yes. I think, although we have had a great growth in programs, in-service training, programs conducted by the universities and other agencies, they are still inadequate. I think a good many people got into the act because it was a good thing to do, raise their status perhaps in the eyes of the rest of us. I don't know that there is the kind of commitment yet to bring this about, to do it in a real sense. I think that is the important thing.

Mr. PHILLIPS. In addition, you would have many, many people involved and receptive to the child. When the teacher has a problem with his own educational limitations, he should have someone in the school who is an expert to fall back on, whether that expert is a medical person or just well versed in the drug field, a drug counselor who is a specialist in education, a specialist in counseling; someone of that nature should be at least a resource in the school. Maybe he does not have the right personality to get along with all of the kids and maybe each teacher should have a part in the program, but I think if you are going to have expertise brought into the situation, you are going to have to have that type of resource as well.

Would you comment on that?

Dr. HOLT. I think that is true, Mr. Phillips. And, fortunately, for the schools, they are beginning to emerge. It might be a dean, it might be an assistant principal, it may be anybody on the staff that has sufficient interest, has an overwhelming interest, let's put it that way, that he gains the expertise and becomes the resource person. They are beginning to emerge.

I think in our schools, we are going to have to go it alone. We can no longer depend on outside agencies to come in and train our people. We are going to have to get it ourselves, get our own expertise and have the people in there a faculty member can go to and say, "I need help. What do I do in a situation like this? What has been your experience?"

I think this is true.

Proviso staff, in conjunction with the Maywood Police force, is also developing the profile of "the pusher" in the drug traffic around Proviso. The profile is as follows:

(1) Age generally 18 to 25 years old; male, usually a dropout of that school.

(2) Subject is a user of drugs; most commonly used drugs are the pills—barbiturates, amphetamines, the uppers, or downers—and marihuana.

(3) Most pushers reside somewhere near the school, within one or two blocks.

(4) As a rule they do not contact the student, but will use another student as the go-between.

(5) Drug is sold to student in a small amount, one or two pills at a time. The "bagger," if picked up with only a small number of pills, is not as vulnerable. Small cost also involved as student does not have money in larger amounts.

(6) Approximately 80 percent using pushers are male. Girls very seldom use pushers, but will get pills through their male friends.

(7) The pusher operating around a high school will not be in the area more than 12 to 18 months. They cannot operate in an area much longer because of discovery by authorities. We know who they are.

From 1967 to 1970, Proviso East experienced considerably more than the usual amount of student unrest. This unrest from time to time culminated in riots; all incidents were racially motivated.

As the Proviso East staff studied the problem and the reasons for these untidy times, it was obvious that something other than animosity between blacks and whites complicated the situation. It soon became obvious that drugs were playing a major role in each of these affairs. It was documented, for example, that militant blacks, unknown in the community, were handing out pills of various types to students on their way to school, free of charge. As the administrators gained experience, the events of any given day could be predicted by close observation of students as they entered the Proviso East building at the beginning of the schoolday. As some students approached in a highly agitated state and with dilated pupils, it was easy to predict what the day would bring. Because of the danger to staff and students alike, Proviso adopted a strict "law-and-order" attitude.

While there has been very little unrest at Proviso West, the drug problem has also become quite obvious. This problem has grown, perhaps because of the affluence of the families representative of that all-white school.

One story will demonstrate the vigilance maintained by the total administrative staff.

On June 1, 1972, Mr. Arthur Vallicelli, principal at Proviso West, entered the school as usual at 7:15 a.m. Mr. Vallicelli observed a contact between two male students as he entered the building. His experience led him to believe that this was not just the usual or casual meeting of two students. He came upon the students and observed what he thought to be a sale of narcotics and he did, in fact, observe some 200 pills being exchanged for money. Mr. Vallicelli requested the student identification cards of the two students. Following this request, one of the students turned and made a rush for the exterior door. Mr. Vallicelli pursued the student and, in his attempt to stop the student, had his arm shattered by that student. Mr. Vallicelli's right arm is still in a cast here in September.

It is interesting to note that the student was picked up by the police in a short time, admitted the offense, and after a considerable period of time was given a 1-year probation by the court. The leniency of the court, in our opinion, did all but sanction the sale of drugs. It is the firm intention of this district to bring suit against this student in Mr. Vallicelli's behalf.

The Proviso policy on drugs is fairly short and simple, but I think more effective than most. It is as follows: Students suspected of using illegal or harmful chemical substances or inhalents shall be suspended immediately—parent contact to be made immediately with recommendation that student be examined by a doctor. If parent cannot be contacted, student shall be taken to a hospital. Student hearing shall be set for such offenses with parents or guardian present. Case shall be presented to the board. Proof of case will most likely result in expulsion. All cases will result in criminal charges. Rationale: Anyone using, selling, or possessing such substances causes a danger to his well-being and is considered potentially dangerous to other persons in the school community. In some cases, proof of the student's physical and psychological condition shall be required before a student is allowed to return to school.

During the 1971–72 school year 10 students were expelled for either the use or sale of drugs.

We long talked about an off-campus center for a variety of reasons where they might continue their education. We do not want to forget them. We want them to continue their education. This year, for the first time, we are establishing an evening division for these people. It is a highly selected staff to deal with them; it will be very small classes, and they will be offered this opportunity to attend a separate division, separate from the usual evening division. This will go into effect this month, this particular school.

Chairman **Pepper.** Is that for people who have been involved in drug use?

Dr. **Holt.** In part, but anybody who has been expelled from a school. It would include these people.

I would think those who had been expelled, dismissed from school, because of drugs, we will provide the particular help that they need for readmission.

Mr. **Murphy.** Who is paying for all of this, the township?

Dr. **Holt.** Yes, sir; the school district.

During the 1971–72 school year we had a series of discussions with the police department of the Cook County Sheriff. Two trained special agents were assigned to the Proviso East area for the purpose of ferreting out the trouble areas and identifying the problem. It should be pointed out that the Cook County Sheriff's Police have been most cooperative, and, I might add, particularly effective in assisting us in the matter of the sale and use of drugs.

Since preparing this statement, we were driving down the street in my car and saw a pink Volkswagen with an adult alongside. Our experience kept just telling us this was not a car parked there for no reason at all. We called the sheriff's office. They were out there very rapidly. They picked the man up selling drugs. He, in turn, led them to another community, and they set up a sale and got the second one. Now, I think this is the kind of action we are going to have to have, the kind of action we are getting from the Cook County Sheriff's Office.

We have had a sizable number of the professional staff attend a great variety of drug seminars and other short courses.

In the final analysis, it seems to me that the problem of drugs in the American high schools absolutely requires a firm and forceful stand by the entire professional staff. I think it should be said, too, gentlemen, that the superintendent that says he does not have a drug problem in his high school either is guilty of a shameful coverup or he just does not know the facts.

Mr. PHILLIPS. Would you repeat that for us?

Dr. HOLT. I said: "The superintendent that says he does not have a drug problem in his high school either is guilty of a shameful coverup or he just does not know the facts."

Chairman PEPPER. We applaud you.

Mr. PHILLIPS. I applaud it as well. We have talked to many administrators here in Cook County and many of them tell us privately they have a drug problem—tell us how extensive it is—but nothing is being done about it, but they do not want to come and testify to it. I think that your statement is a very forthright one and, certainly, is very welcome. I think it does reflect the exact condition as it exists.

Dr. HOLT. Thank you.

During my tenure as superintendent of the Scottsdale, Ariz., district from 1962 to 1966 and the South Bend, Ind., School Corporation from 1966 to 1969, drugs were of some concern. However, they had either not grown to the present-day proportion or we knew too little to identify the problem. After all, in Scottsdale, Ariz., we are not far from the Mexican border. I am sure there were problems there. We did not know at the time what the problem really was.

In my experience, the problem has grown alarmingly only during the period of the last 3 years in the American high school.

Mr. PHILLIPS. There is one point I would like to make.

Expulsion probably should not be the first step. It seems to me unless you have made some effort to counsel the child or try to identify the problem with him, work it out with him in some educational way, expulsion seems to me to be the step that is further down the line. That would be my own opinion. Would you comment on that position?

Dr. HOLT. I think I would, normally. I think, given the unrest this has brought about, if one is to efficiently, effectively operate the high school, one takes into consideration the other factors. I think that led us to this kind of policy. I think it very important we follow up the student which we have done with a very effective social worker, and I think it more important we establish the evening division for those who simply can't live with the rest of us, and carry it on that way—not forget them. We can't do that. I simply say they can't be in the day division.

Mr. PHILLIPS. I hope there is some effort to identify them before they get in serious trouble and take some precautionary measures at that stage.

Mr. Rachford, we are going to have to break for lunch, but before we do, would you please generally direct your comments to the extent of the problem as you see it in your school?

Chairman PEPPER. Would you identify yourself and the school, for the record?

Mr. RACHFORD. Acting superintendent, Homewood-Flossmoor High School; a suburban community; a school district of 3,700 high school students; 100-acre campus; two buildings; primarily middle, upper middle and lower, and some upper, economic situation.

Mr. RANGEL. Excuse me. Do you represent a similar-type school, Dr. Moore?

Dr. MOORE. Somewhat, sir, in the fact that we have a broad range of economic levels. We consider ourselves a great cross-section of America in the Morgan Park area.

Mr. RANGEL. Because it is going to be an exciting experience for me to go back home and say that Chicago has no black heroin problem.

Mr. PHILLIPS. They have some.

Mr. RANGEL. I see.

Chairman PEPPER. Go right ahead.

Mr. RACHFORD. We would be the white affluent section, if you want to put it that way. We have a problem. A student overdosed last week, and, as far as I am concerned, that is a problem. If we have one student affected, that is serious. We have, by some means, been more successful in our apprehension of students in their possession and transmission of marihuana, for example. We have a terrific installation in terms of so many adolescent students.

Mr. PHILLIPS. Sorry to interrupt. Did you have a large overdose problem last year?

Mr. RACHFORD. I would not say it was large. We had seven cases, but that, to me, is significant, and it is enough to worry about. In one stretch, we had one a week. At that point, expulsion was set for distributing, and I support Dr. Holt's position; after that, it diminished rather rapidly. I think the students are constantly testing us. I hate to use the example of the sacrificial lamb, but when you do have the evidence and opportunity, it does curtail the trafficking in the school temporarily.

I thought—and I was naive—that the drug incidence would be diminished. I heard they were moving toward the Jesus movement and other types of euphoria that did not necessarily emanate from chemical composition. And, after the first 2 weeks of school, I would say it is there almost stronger than ever, other than, maybe, we are more effective in our apprehension. I think we may be guilty of the same problem as the police department. We only have the data from those we have apprehended. We have a real hangup in terms of our suspension and expulsion. We consider a student abusing his own body with a drug in a different category than one distributing. We are using the term "distributing" rather than "selling" because we have found students giving it away. This may be a symptom of an affluent area where they can buy it and spread "joy" to their friends.

We have not uncovered any sales transactions, but, obviously, with the concentration of teenagers that we have, it must be happening.

It would be naive to think it isn't. When you are supervising the cafeteria and someone is passing money, is it to support the student's lunch, or something else?

I have a great fear of the cafeteria area where we have fewer adult employees supervising students, the ratio is different. In there it's possible to have a student that could drop a pill in someone else's milk carton, for example, and the student unknowingly consumes it and becomes ill. Students can develop alibis; they are terrific at fabricating something that makes them look like they are so naive. I can't believe they are that naive.

Chairman **Pepper**. Gentlemen, we are going to recess until 2 o'clock and ask that you come back then.

(Whereupon, at 1 p.m., a recess was taken until 2 p.m., this same day.)

Afternoon Session

Chairman **Pepper**. The committee will come to order, please.

I would like to read into the record a letter that the committee has just received from one of the distinguished Senators of the State of Illinois.

It is addressed to me as chairman of the committee.

It is dated September 20 and reads as follows:

U.S. Senate,
Washington, D.C., September 20, 1972.

Hon. Claude Pepper,
Chairman, Committee on Crime,
House of Representatives, Washington, D.C.

Dear Mr. Chairman: As you open your hearings into the extent of drug abuse in Chicago's schools, I would like to join with the community in welcoming you to Chicago. I also express our desire to cooperate with the Members in compiling a hearing record which defines—albeit painfully—the degree of danger we face as our young people limit their futures by their misuse of drugs.

Although the community must face these hearings with a sense of trepidation, we are grateful to be in the capable hands of a Committee which, under your leadership, is committed to arousing public consciousness in this area. By holding these hearings on the local level and by assembling a group of witnesses whose expertise in this area is the result of understanding drugs users as individuals, the Committee is providing an invaluable community service as well as national service. The efforts of Congressman Murphy in bringing the hearings to our city and the interest of Channel 11 in providing comprehensive coverage are equally deserving of our appreciation.

We shall all follow the Committee's work with careful attention and concern. Only when we understand the scope of the problem can we turn the appropriate resources in search of a solution which will answer our determination to help a generation of Americans out of the morass of drug abuse.

With best wishes,
Sincerely,

Adlai E. Stevenson III.

Chairman **Pepper**. Other members of the Illinois delegation have been invited and will appear later or will send statements for the record.

We welcome the appearance of all and the statements that they may wish to submit.

Mr. Counsel, will you proceed?

Mr. **Phillips**. I think, Mr. Rachford, before we broke for lunch, you were in the middle of an answer about what you view the extent of drug abuse in the schools to be.

STATEMENTS OF DR. CHARLES C. HOLT, SUPERINTENDENT, PROVISO TOWNSHIP HIGH SCHOOLS, MAYWOOD, ILL.; EDWARD J. RACHFORD, ACTING SUPERINTENDENT, HOMEWOOD-FLOSSMOOR HIGH SCHOOL, FLOSSMOOR, ILL.; AND DR. JAMES F. MOORE, PRINCIPAL, MORGAN PARK HIGH SCHOOL, CHICAGO, ILL.—Resumed

Mr. RACHFORD. Well, to reflect again, in a concentration of teenagers there has to be a significant amount, and the availability is great. The dimensions, I cannot estimate. We have endeavored to come up with guesses. It is almost impossible to be accurate.

I think some of the students are fearful of abusing drugs on our campus when you consider the fact that we have an adult-to-student ratio of about 14 students to one adult. Their chances of getting apprehended are increased terrifically. I think, probably, there would be more transfers on our campus and using the drugs off the campus in nonschool hours and nonschool situations.

Some of the overdoses we have encountered early in the day, where students have taken the drugs before they get to school where the effect takes place.

Mr. PHILLIPS. Tell us what types of drugs they have taken to cause the overdoses?

Mr. RACHFORD. Cocaine, primarily. We have, probably, a situation that I think is really grave where students when they find a colleague, fellow student, overdosed have reluctance in identifying the person or even to inform an adult. I feel grateful that none of our overdoses have resulted in death. But if we can't convince students to seek help for a student that is overdosed, we may encounter some troubles. It is almost like "Let him do his own thing," and students will ignore him. The one we had last week, while one of our administrators was getting to the situation, he saw 15 different students just walk over him, not pay any attention to the individual.

Chairman PEPPER. Let me interrupt to make an observation.

When we were holding hearings in New York a year or so ago, Dr. Halpern, the Medical Examiner of New York City, who possibly has had more experience in dealing with people who have lost their lives from heroin than any other man in the country, testified before our committee and he made the observation that it is not really accurate to say that anybody dies from an overdose of heroin.

He said, from his long experience and examination of many, many cases of death by heroin, he has concluded that if you gave a heroin addict the same exact quality of heroin for a protracted length of time, that the next dose might be fatal. Something happens to the basic ganglia of the brain that stops the involuntary procedures of the body and yet nearly all of them are judged to be gasping for breath.

One of the reasons is the basic ganglia in the brain is paralyzed and the lungs do not function and the bodily processes simply do not occur.

I thought it might be of some interest to the public to know that anybody who thinks they have been taking heroin for a time and thinks they can safely continue to do so might well heed the advice of this man, who is the most knowledgeable man in the country, that the next dose, even if you did not have to buy it from a peddler, a pusher on the street, even if you got it from the best laboratory, it being of the best quality, and you had measured the same quantity, the next dose might be fatal.

Mr. RACHFORD. In a parallel situation last spring, we had the one dose that did it for one student. It was discovered later, four others had taken similar dosages, whatever it might be, and it affected the one, so the girl became violently ill and the other four had no visible effects that anybody would turn them in, and they did not become sick.

So, this is the problem.

Mr. PHILLIPS. Would you say the range of drugs used in your school is similar to the list that Dr. Holt read; marihuana, acid, speed?

Mr. RACHFORD. Yes. When you say "in the school," I am not sure they are all being absorbed in the school. Certainly, they are on the campus. Whether they are being consumed, possessed, we have only uncovered the marihuana user and the cocaine user so far in these instances.

Mr. PHILLIPS. Could you tell us what you do with someone who has overdosed?

Mr. RACHFORD. The first thing is they are rushed to the nurse's office, and the parents are contacted immediately. When the parents are contacted, they are asked to come to the school. If it is not immediately serious in the estimation of the nurse, we will wait for the parents and then go to the hospital. If the parents can't be contacted or it will take too long to get there, we will take them to the hospital immediately for medical treatment.

Mr. PHILLIPS. What happens, academically, to the child after that?

Mr. RACHFORD. Nothing. They can be restored to their classroom situation as soon as they are healthy enough to return, medically. There is no punitive action on our part. We have tried to divide it; the person has abused himself and has not offended anyone else in society. If they were to consume a drug and become violent and destroy school property or beat up other students, then it becomes a different dimension as far as we are concerned.

We have a real hangup, too. We do not want to convey to students: "If you possess drugs you get suspension or expulsion, but if you consume them all and you get sick we will treat you and counsel you and send you back to the class." We do not want them to take them all and shove them down their throats.

It is a real tightrope for us. If the student has consumed it and becomes violently ill and has taken no other action that would be of concern to us, such as damage or bodily harm, we would treat it as a vomiting case, as a student being sick.

Mr. PHILLIPS. What do you do when the child comes back to school, in the way of giving that child guidance?

Mr. RACHFORD. We have a counseling department, social worker, psychologist, a full range of service is available, and these people are identified to their respective counselors so that additional conversation can take place. There is contact with the home, and this is, really, where it starts.

You heard the young adults earlier say they have problems in their home. I think part of the seriousness of their problem is the parents would feel guilty in that they have to admit to some shortcoming on their part. That is where we try to really bridge the gap. And that is difficult, to get parents to admit they are a failure.

Mr. PHILLIPS. Do you have a drug counselor in your school?

Mr. RACHFORD. No.

Mr. **Phillips**. What type of counseling does the child go through?

Mr. **Rachford**. These are certified school counselors.

Mr. **Phillips**. That is a person who tells them to do better in class and their studies and also to get a job?

Mr. **Rachford**. Right.

Mr. **Phillips**. Do they have any special training in drugs?

Mr. **Rachford**. Not necessarily.

Mr. **Phillips**. Should they?

Mr. **Rachford**. All of them? I would say "No," that they should not all have it.

Now, that does not mean they are not informed about the situation. But they are trying to get at the root of the problem which caused the drug abuse in the first place. So, they are skilled in dealing with the psychology of the child, the emotional situation of the family, which is their training and skill. The drug abuse is just a symptom, an overt act that relates to that. So, their skill is really in trying to prevent the reason for the child being depressed or trying to get even with the parents.

Mr. **Phillips**. Do you think that is an adequate answer?

Do you think that talent, that ability, is adequate to handle the problem?

The reason I ask that is we have been told by the children we have talked to that when they go to school they get no help, a person does not know anything about drugs. They are afraid to talk to them about it. They do not know anything about the chemistry of it. The teachers are apt to tell them they can die of marihuana. They feel that is not true. They get mislead by teachers who know next to nothing about drugs. They go to a counselor and feel the person on the other side is confused and does not know the story.

Mr. **Rachford**. I think, if they are going to seek information on the chemical composition of drugs, the biological effects, that no one in our school is capable of answering those technical questions. If they are going to deal with the dimension of their personal problems and why drugs, and not "Which particular one will I take?" then I think we are qualified to deal with the situation.

Mr. **Phillips**. Do you think an intensive program of training some of your teachers will be an improvement?

Mr. **Rachford**. Absolutely; and that is a real sensitive point. We can't assume all teachers are antidrugs. Currently, when we are employing new teachers out of college, if you recall, the college campuses for the past 5 or 6 years have had, as I have read, large incidents of drug abuse, and we may, in fact, be employing "potheads" as teachers.

So, when you say that everybody, as a teacher, should go out and put forth the personality that prevents, we may not have a unanimous position.

I think it might be interesting to see what the National Education Association and some of the teachers' organizations are taking as positions in the issue: "What should a teacher's responsibility be?"

Mr. **Murphy**. Would the gentleman yield for a question?

Mr. Rachford, what are you doing then?

When you hire these new teachers who come into the system, what checks are done, or steps taken, to determine whether or not that particular teacher might have had a problem himself, or herself, and is going to carry it on to the class, or may take a lenient attitude and say: "Listen, there is a lot of hysteria about drug use; don't pay any attention to it"?

Mr. RACHFORD. Through discussions, you can pick up some of their liberal or conservative attitudes, philosophies, and you get some feel of it. Of course, it is a dangerous situation: Can you, in fact, deny persons employment simply because they have abused drugs?

Mr. MURPHY. Have you found in your personal experience, as a principal, teachers who at best are lenient of and at worst are encouraging the use of drugs?

Mr. RACHFORD. No. But, again, statistically, the odds have to be there, but I am unaware of it. I would interpolate, from the number of young people—and Mr. Charnett was talking about his average-age group—that obviously there are some that go up to 25 and we have a sizable segment of our faculty that would be in that category, and it would lead me to believe that we have to have some. We have a staff of 215. Yet, we can't prove it.

Mr. MURPHY. Would you gentlemen agree with that observation?

Are you, as principals, alert to this situation, too?

Dr. HOLT. I think it is part and parcel of the whole process of employing people. Of course, you continually think about this and the personnel sections and all of the people that interview these candidates, and the exhaustive checks would make a background. It is possible, I suppose. I haven't seen any cases, but we are aware of its possibility and look for every sign.

Mr. MURPHY. How about you, Dr. Moore?

Dr. MOORE. I agree the same. It is possible, even though many checks and interviews are held. It is possible.

Mr. RANGEL. May I ask one followup?

If you did have ways to check this out, would you be using the same standards if you found out that the applicant was using liquor?

Mr. RACHFORD. No. And I answer that emphatically, because one of my hangups is our double standard. Students of today look at us with our cigarettes and our liquor, and that is acceptable, and they have the great debate about marihuana, and why discriminate against the drug abuser when you tolerate alcohol and tobacco.

I, personally, think alcoholic consumption in our community is a much more serious problem than drugs. It has been there ever since I have been there, because of the availability in mother's and father's liquor cabinet, and it is socially acceptable.

Mr. MURPHY. How many deaths have been due—in high school—to an excess of alcohol?

Mr. RACHFORD. We do not have any, and we have not had any in drugs either; so, the data would be the same.

Mr. MURPHY. Not your particular school; I am talking about the area. Last year, there were 300 overdoses, and 85 were teenagers. In fact, the Chicago Tribune ran an excellent series of stories about young persons from the near north suburbs, well-to-do suburbs, including a note from a child prior to his committing suicide.

Mr. RANGEL. I think what the doctor and I were talking about was standards of abuse, and there is no question—and the medical examiner proved it—if a kid is drunk and gets killed driving a car, the death is attributed to the car accident which, indirectly, is attributed to alcohol abuse.

Mr. **Rachford**. We had one last week that was consuming alcohol on the campus. So, it is there, too. We can't ignore that.

In the broad sense, in my frame of reference, when you talk about drugs, you talk about mood modifiers, and alcohol would certainly come in that category. We do not want to tolerate that either on the campus.

Chairman **Pepper**. Excuse me. We had a hearing in Boston in 1969, and one of our witnesses was the chief justice of the Superior Court of Massachusetts, Judge Howard, and he was commenting upon this matter that we are now discussing. He said, in effect,

> Assuming that the marihuana culture is no worse than the liquor, assuming they are the same and a lot of the young people think they should be regarded in the same category, the liquor culture is already fastened upon our society and we are not going to change it. We tried that one time, and we are not going to change it. It is here. The real question is: Can we afford to fasten another culture of comparable menace upon our society? Can our society stand safely the two cultures, marihuana and liquor, assuming that liquor is going to stay here?

Then, he said that there is a question that should be taken into account, and that is the availability of the two.

Now, there may be a number of people or number of us in this room who will take a drink of liquor before the end of the day but I doubt if you would find a bottle of liquor in anybody's pocket or in any lady's handbag.

But the chief justice pointed out that all you had to do was drop a marihuana cigarette in your pocket or all a lady had to do was drop it in her handbag, it is so readily available, if it were legalized.

You would not ordinarily pull out a bottle of liquor and take a drink if you were driving a car, but he thought it would be a greater temptation to pull a marihuana cigarette out of your pocket if you began to get a little fatigued and light it up and begin to smoke it.

He thought that, in evaluating the two and the claim of those who would legalize marihuana, you ought to take into account the presumption, the liquor, because it would remain with us, and, second, the increased availability of marihuana over liquor, to the desirable use.

Mr. **Phillips**. Dr. Moore, I would like to ask you generally the same questions I have asked your colleagues. Would you address yourself preliminarily to what you view as the scope of the problem?

How bad is drug abuse in the high school you are associated with?

Dr. **Moore**. First, let me identify our high school. It is Morgan Park High School, a part of the Chicago Board of Education.

We have the distinction of being the public high school league football champions this year.

In response to Representative Rangel's question, our student population is 45 percent black, 55 percent white. It is probably the oldest integrated school in the city of Chicago, and perhaps in the country.

Mr. **Rangel**. What would you classify it in terms of these economic tags that people use?

Dr. **Moore**. We have the full range, black and white. You would find the complete spectrum in there of professional people and public assistance; it is the full range. We call it the economic cross-section of the United States. This is the way we prefer to think of it.

Perhaps, acting as an anchorman to my two colleagues on the left, I can only echo their comments, particularly Dr. Holt's comments: If you are a school administrator and you have one student in your school with a drug problem, you have got a drug problem, and I don't think anyone can say they do not have a drug problem.

Now, you can take any percentage, from 1 percent up to 99 percent. I am not particularly interested in what the percentages are, but we all, in the secondary schools in the United States, have drug problems; the extent of them, of course, varies. We prefer to look upon it as the problem of the individual student. I do not like to group a bunch of kids into drug heads or potheads or hopheads, but we have got them. We have got them in my school, we have had them in our school, although it is interesting, I just found out Mr. Rachford taught at Morgan Park one time back in 1962, and I asked him the question, I said: "What was on the drug scene in 1961?" He said: "There have been a few pep pills around but alcohol was a problem in that school as it was in any other school."

You know what has happened since that time and this is the question I do not know the committee has addressed itself to and that is: Why do we have this tremendous drug problem among the young people today? Perhaps other witnesses will be speaking to this in terms of the youth culture movement of the last few years.

I have one hangup as an administrator and I blame much of the public media as far as the creation of the drug where the young people are is concerned. When you expose adolescents and preadolescents continually to a bombast of television movies, reporting in the newspapers, and all the popular journals in a short period of time suddenly become experts in pharmacology; kids begin thinking about "Hey this is kind of the in-thing to do." We saw Woodstock; we saw something here in our own State on an island just 2 weeks ago. Kids keep hearing that this is the thing to do; someone selling acid this is the place to go.

I think we have had this present generation of ours overexposed to this kind of thing. We are talking about what kind of programs can we develop in the schools. We are fighting a pretty tough battle. We are fighting TV, we are fighting magazines, we are fighting the newspapers because this is a television age. The media is certainly giving the message to the kids and the kids have been getting the message. We can see the recent rash of certain movies coming out of Hollywood, the so-called black movies, where they are creating an identification of who is the big person in the black community, which was the drug pusher. We have such a movie appearing in Chicago. What impact is this going to have on our black youth that are witnessing this particular kind of a movie?

So, I have one hangup and I wanted to get that out before I got back to my role as an administrator.

I have taken a few notes of what we have talked about in drug programs. I think if any school administrator says they have the drug program or the answer, I feel they are completely wrong. No one has got the answer, nor the drug program.

It was reported a couple of years ago that one particular school district had established a wonderful drug program. One of the key things was that every afternoon, or one afternoon a week, the students were allowed to participate in a film showing discussion groups, et cetera, et cetera.

Do you know what the answer was of a lot of kids to this particular program?

They said: "Gee, if they are willing to give us a half days off because of this, it certainly is worth trying what they been showing us about."

So, that is an example of one drug program.

So, any administrator that says he has the right answer I feel is definitely wrong.

We talk about the drug problem in the school. I think Mr. Rachford keyed on something. A school is not four walls. This isn't where the drug problem or the drug abuse exists. The drug problem exists in the community; it exists in the parks; it exists in the church dances; it exists in the church parking lots—wherever young people gather. Sure, the stuff is pushed in schools or traded in schools as the chairman indicated. You can carry this around in your pocket. You can't carry a pint too easily these days. It can be dropped in another carton of milk in a lunchroom, because we have seen cases like that. We have seen kids. We had eight cases last year of kids that went under due to a dose or some type of an overdose situation.

Mr. **Rangel.** Sir, it seems as though when we go from city to city that it is the same description given by administrators which reads: "We do not create the problem, and the school population only reflects the onuses of the community."

Dr. **Moore.** I would agree with you.

Mr. **Rangel.** We have heard that, but it just seems to me—and I can only talk about my town, the city of New York—that an educator's responsibility is to determine the physical ability of their clients to learn, and this does not mean that the board of education, or whatever you call it in the town, county, or village, is responsible for the problem, any more than doctors are responsible for illnesses because they manage the hospitals.

What I can't understand is that in my town, no unions, no superintendents of schools, no principals have screamed out for assistance in allowing them to do their job; and that is to educate the children.

Now, I do not care whether you color it as a drug program, as some of our professionals do, or whether you color it, as your colleague does, as dealing with the problems of people in order to determine whether or not they are going to be receptive to learning, but it has been our experience that many superintendents—and that is the reason why you were almost applauded, if you were not in fact applauded—have the attitude that their job is to educate and not be involved in society's problems.

Most of the time none of them had attempted to receive any local, State, or Federal funds to do what they would like to do as educators.

Perhaps, it does not affect your integrated schools, but in some of my black tour schools you can't teach an addict that is nodding, but the teachers will say that it is not their problem, they are educators, they are not law enforcement officers, they are not social scientists. But, as a professional, do you see a responsibility to be concerned with the general health of the individual which you have the charge to teach?

Dr. **Moore.** Yes, sir. I agree with you absolutely, and our whole community buys that particular concept that you have just expressed.

Mr. **Phillips.** What has the school done about it?

Dr. MOORE. I might just cite this. When we first saw the scene, the scene of rising and growing, we took some leadership from the school to our local Kiwanis organization, Southwest Kiwanis. We started an information program for parents, because this is who you must work with, our parents. It is not only the clients in school, it is parents at home. We have these kids 6 hours a day.

We distributed to every parent in the community this booklet (indicating). Our Kiwanis underwrote it for us, and we gave it to every elementary and high school. This was the first attack we attempted to make.

Mr. RANGEL. Those 6 hours, however, are the majority of the waking hours of the child.

Dr. MOORE. Not according to some of these students about the time they go to bed at night, Mr. Rangel.

Mr. RANGEL. But they are very important hours.

Dr. MOORE. Yes. We do try to do things in the school, but I still think the basic things come within the community.

Mr. PHILLIPS. That is our problem; that is what Mr. Rangel has been addressing himself to. Too long, we have been told the basic problem is in the community, the school officials do not have responsibility for it. I hate to be callous with you because you are the first three who have come forward and been willing to testify there is a problem in the school and want to do something about it. We have talked to over 50 administrators in Chicago, and their role is to hide their heads in the sand. They are pretending they do not have a problem. That is ridiculous.

Mr. RANGEL. As a matter of fact, I understand from staff—and I have made a couple of individual telephone calls—that some of the black principals will not be coming forward and expressing some of the difficulties they are having in these schools as it relates to drug abuse, so I do not know whether this is a profile of courage even to come forward as educators and say that one exists.

Dr. MOORE. I believe we have said one exists and I believe we all have said we are doing something about it in the schools.

You do not separate a school and community, Representative. I need those parents' backing; we need this kind of thing in working with parents. We have put on a number of workshops for parents in our particular school where we have brought in topflight people to create an awareness with parents.

Mr. PHILLIPS. Do you have in your school the basic drug counselor?

Dr. MOORE. Officially, I do not.

Mr. PHILLIPS. A person in the school who is qualified to teach a course in drug-abuse prevention?

Dr. MOORE. No, we do not.

Mr. PHILLIPS. What has the Chicago school system done about obtaining that type of program?

Dr. MOORE. With the financial problems they have faced, one of the great losses we had this last spring was a reduction in the number of counselors that were available for general school counseling. In our particular school, we do have one person designated unofficially as the key person that works with the young people that have problems.

The gentleman from Gateway Houses talked about his coming out to the schools. We have had Gateway people come out a number of times in informal sessions with the young people, not the structured kind of thing in a classroom. We do have an emerging curriculum here in Chicago, a drug-abuse curriculum, that has some great merit if we had the staff to implement it.

Mr. **Murphy**. Doctor, are you and the other two gentlemen with you today typical of the school administrator in Chicago and Cook County, or do you think you are different? There is the fact, as Mr. Rangel said, you had the courage to come forward. We have traveled from New York to Florida, all over this country, and you three gentlemen, I would say, are the exception, the fact you are here and acknowledging the problem. Would you say you are typical of the principal in Chicago and Cook County?

Dr. **Moore**. I will let the Cook County people speak first.

Mr. **Murphy**. How about Chicago?

Dr. **Moore**. I would say so; I run my school. That is what I am charged to do and paid to do. No one is telling me I have to do this or that.

Mr. **Phillips**. I disagree with you, Dr. Moore, most specifically, because I have talked to many school administrators and they have got their heads buried in the sand. Some of them will talk to us privately and say they have a problem but they do not want to come down and testify to it. We obtained your name from a police official who said you were a "gutsy" guy and that you would tell it like it was. So, I do not know that you are typical of a school administrator here in Chicago. I think you are atypical.

Chairman **Pepper**. Doctor, let me ask you: Is there a school board that has authority over all of the public schools of Cook County?

Dr. **Moore**. No, sir. In the city of Chicago, it is the Chicago Board of Education that has the responsibility for all of the schools.

Chairman **Pepper**. What percentage of the population of Cook County is in Chicago?

Dr. **Moore**. Of schoolchildren, three-fourths. Would that be reasonable, gentlemen?

Mr. **Rachford**. I would think so.

Chairman **Pepper**. Let us just take the city of Chicago. There is a school board. Is that school board appointed or elected?

Dr. **Moore**. It is an appointed board.

Chairman **Pepper**. That is the school board that has authority over all the public schools in Chicago. Has it laid down any policy to be followed by the principals who are governing these public schools of Chicago in respect to this matter of drug prevention, treatment, and rehabilitation in the schools?

Dr. **Moore**. Yes, sir. There have been some board reports and board policies on this, but I regret I am unable to speak as an authority on this. I am sure you will be hearing from others.

Mr. **Rachford**. The School Code of Illinois mandates drug health education programs, and alcohol and tobacco abuse programs.

Chairman **Pepper**. You mean that is a State law?

Mr. **Rachford**. Yes, sir.

Chairman **Pepper**. Has the school board of Chicago implemented that law?

Mr. **Rachford**. I can't answer that.

Dr. **Moore**. I would say, "Yes, sir, it has."

Chairman PEPPER. And implementing it, in my opinion, would mean having a program that would deal effectively, or deals effectively as it can, with the problem. We found in New York and Miami the same feeling on the part of the school boards, apparently to come to grips with the problem and to provide a program with affirmative direction to the school principals and authorities that that program be carried out.

For example, in New York, the law provides that the school authorities in each school shall advise the health department of all of the children who are found to be drug abusers in the school. When we had our hearing there, we discovered through the State commission that that had not been done. Since that time, I think the board has begun to implement that law.

Let me go a little deeper in it.

I believe it was Dr. Holt who said that the school authorities really do not know exactly what to do about the program.

In the second place, you do not have the money, do you?

Mr. RACHFORD. It is the former and not the latter in our situation. It is a set of priorities. We have had a sort of shotgun offense. We try one thing 1 year and another the next.

Chairman PEPPER. You do not have enough money for a regular program, do you?

If you do, you are an exceptional school system in the country. In Miami, I was talking to a group of parents who have a parent-teacher organization, and they did not want to put a program dealing with drug rehabilitation in the schools because they did not have enough money to run the regular school program and that program would be weakened further by diverting any of the money.

Now, the next thing is, as one of my colleagues here indicated, I don't know of any appeal being made to the Congress of the United States to provide funds to the States for the local school authority to put into being an effective drug prevention, treatment, and rehabilitation program. There are plenty other demands from the State school authorities and from parent-teacher associations and educators, generally, for money for elementary and secondary education, and we have appropriation bills for that. Congress would appropriate money for this. What this committee right now is trying to do is to see whether or not there is a need for special funds, because the Federal Government is not appropriating money now for treatment and rehabilitation in respect to drug abuse in the schools, in the public schools, due to the fact that no demand has come from the country that Congress aid in such a program. A lot of officials think they ought not be in the schools. I want to ask your opinion about whether it is possible to establish, if you had the money, an adequate program in the schools. Do you agree that so far you do not have any extra money for drug treatment and rehabilitation programs in the schools?

Mr. RACHFORD. On that definition, I would agree. On drug treatment and rehabilitation we do not have the funds. But on drug education programs, yes.

Chairman PEPPER. Let me ask you, while I am at it—and I am sorry to interrupt my colleague:

We read about you in the press, about the competence and courage of you three school principals. I am sure you all are principals of important schools in this area. Do you think, if you had the money and you had a little time to develop a program, that you could develop in the elementary and secondary schools, a program that would be a meaningful program with respect to drug prevention, treatment, and rehabilitation?

Could you do it in the schools some way or another without having to go outside the schools, to outside agencies?

Let's start with you, Doctor.

Dr. **Moore.** I would say "Yes," Representative Pepper. We could do it. But I would like to tie in the outside agencies, such as Gateway Houses. You give us the money, and I think we can develop these programs. I think we can continue to develop some of the programs we have started. As Mr. Phillips asked: "Do we have a drug counselor?" My answer was "No." This is the first thing. If I had $11,000, that is one of the first things I would put in my school tomorrow, that I would have one person as a key person, as Mr. Phillips has indicated, that could do it.

Chairman **Pepper.** Now, Mr. Charnett impressed us with the splendid job he is doing, but he has only 200 or 300 clients, I believe it is, and he is having trouble getting money for another facility. You have tens of thousands of students in these schools in Chicago and Cook County, and to go out and create outside the school system, to find the facilities, to find the personnel, find the program, and the like, and to get it all going, all outside the school system, is a very big task.

Mr. **Rachford.** Mr. Chairman, we have a problem in Cook County which I would like to amplify. The city of Chicago is one school district and there are 145 other school districts within the County of Cook.

Certainly, minus the operation within the city it would be a lot easier. We have the difficulty of intergovernmental cooperation in the small suburban schools. For example, we touch seven municipalities and that means seven police forces. This creates some problems. I know Dr. Holt has quite a few communities and underlying elementary districts that are independent of high school districts. When you are talking about cooperation, and jealousies, and things of that nature, it is going to be difficult because you couldn't just fund one high school.

Chairman **Pepper.** What would be your comment as to whether, if you had the money, it would be feasible to set up an effective program for drug prevention, treatment, and rehabilitation in the schools, or connected with the schools?

Mr. **Rachford.** I think you would have to do it more regionally in our area, covering the several high school districts.

Chairman **Pepper.** But it could be done within the school systems?

Mr. **Rachford.** It could be attempted. The difficulty is, as you alluded to, there are high schools with graduation requirements and what courses the student must take while in the building and if they have to take drug education——

Mr. **Murphy.** Dr. Holt has taken a step with his night plant.

Mr. **Rachford.** For dropouts.

Mr. **Murphy.** And those who have been expelled for the use of drugs. He hasn't abandoned those youngsters. He has created an alternative educational facility for them. What I think the chairman is alluding to is why cannot that be done in other school districts and the city of Chicago.

Mr. RACHFORD. For example, I am familiar with Arlington Heights. They have seven high schools. They have the same type of program, but again you are dealing with size. When we talk about our school, one campus, one high school, we would have to affiliate with others to get the economy and efficiency, if you are talking about dropouts or students expelled in the continuation-school-type concept.

I thought you were referring to during the school day.

Chairman PEPPER. I don't care whether it is during the school day or not: I am talking about within the school system, managed by the school system.

You see, the testimony seems to be overwhelming that this is more a psychological, and emotional, and sentimental problem than it is a physical problem.

Now, if the school system deals with the whole educational process, including character building and that sort of thing, stimulation of appreciation of ethical regards, et cetera, who is better qualified; once you get adapted to it and you get the right personnel for it who has more facilities; who in that line of business is better qualified to develop a program where peer group therapy, incentive, inspiration, may be developed than the schools who are working generally in that area?

You do say that there would be a problem, but you think it could be done?

Mr. RACHFORD. Yes.

Chairman PEPPER. Dr. Holt.

Dr. HOLT. Yes, sir; I do. Let me go at it this way, Mr. Chairman. I think maybe the most interesting point made today was one you made earlier about the people to do this. I think we ought to take the leadership because we have the buildings, we have the tax base, we have the kids, but I don't by any means think you have to have a doctor's degree or master's degree to manage this.

Chairman PEPPER. I am glad to hear you say that.

Dr. HOLT. I think we ought to utilize the services of everybody in the community who can make a contribution.

I think at the same time when youngsters run into a drug problem, parents typically, if they are able to, will pay anything to pull them out of the trouble. I have the feeling what we may see is a group of people who have master's degrees and doctorates setting up private practice as psychologists, who will for a big fee and generally $25 for a half hour or so, set up as the experts.

Now, this causes, I think, temporary euphoria on the part of parents. They think this will solve their problem. I think it is a danger we are going to see in this country. I see some evidence. These are the guys necessary to manage this. There are a lot of people who don't have degrees. You saw it this morning. They have the know-how to help. I think we ought to utilize it.

Mr. RANGEL. It is also the danger of the ex-addict hustler. In my town all you have to do is say you are an ex-addict and you are ready for your Federal appropriation. So we do have to find some balance.

Mr. PHILLIPS. I think what the chairman is pointing out is no one is doing it. I think you should take the leadership.

Chairman PEPPER. Let me make one other observation. As it is now the Special Action Office for Drug Abuse Prevention is doing many good things, and so are the National Institute of Mental Health and certain parts of HEW and the like. There are programs that are doing good. But the Special Action Office is primarily now putting its money in the treatment and rehabilitation facilities which they consider doing the best job. That is to keep from starting it anew, to build a building, acquire, get together personnel and facilities, and all of that. They say now that they have now added facilities due to the program they administer for about 100,000 addicts.

Well, the figures indicate anywhere from 300,000 to 500,000 addicts in the United States. They say if they could get the money that they are now applying to the Congress for, they can have facilities for 350,000. That is still only half of the number in the country.

But if we were going to do it through the schools it would be much easier for Congress simply to add a supplemental appropriation or add an item in next year's bills for elementary and secondary education, a billion dollars, or whatever Congress wants to provide, for the schools.

You have already got the school system set up. You have the State and local authorities, the principals, the buildings, the buses, et cetera. It seems to me that if they gave you the money and encouraged you to develop the expertise and to experiment with it as to what would be the best way to do it, that they could get quicker results for more people—particularly young people—working through the schools. It is so expensive to set up new programs and facilities when we can be utilizing what we already have.

Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman.

Dr. Moore, you were, I think, on the track of saying that the school has the pupils but 6 hours a day so this is more than just a school problem, it is a parent problem. The family unit, which the country was built on, is breaking down and has been breaking down for some time. Maybe we in the Congress are people who are looking for a solution and laying too much at the doorstep of the schoolhouse. Possibly, this problem really starts with the parents, because they have the child from birth until age 4 or 6, whenever they start school.

Dr. Holt, I would like to direct a question to you. In this program which you have set up at night for students who have either dropped out or been expelled, do you involve the parents at all with the children?

Dr. HOLT. I think we will as it goes along, Congressman, much in the manner we involve parents in pushup programs in the summer. That has more parent involvement than any program I have seen, and more interest; simply because they were invited, they think the program is a worthwhile and good one for their children.

I think as we go along it will be necessary, and certainly as the youngster is expelled from the school the parents are advised what other steps, what ways they can help, and not to a great extent. I think it will have to be more.

Certainly, if it is a matter of drugs, you aren't going to be successful unless you do involve the parents. I think that will be a necessary part of the thing.

Mr. MURPHY. Most of the students you find using drugs or who have been expelled or are dropouts, do you find a correlation between that and a broken family or some family problem at home?

Dr. HOLT. Oh, yes.

Mr. MURPHY. Like Vicky testified this morning. She had an unhappy home and for identification and for her own importance, her own personal identification, she turned to drugs.

Dr. HOLT. That is why Loyola Hospital, which is close to the school, at First Avenue, is so valuable. Typically, you call home and there is nobody there. That is the typical thing. They are working to buy extra things for their children.

Mr. MURPHY. In other words, both parents are working with the idea they are buying material things to satisfy their kids, and what in essence is happening, is that they are losing the kids.

Dr. HOLT. That could well be.

Mr. RACHFORD. In the affluent community you have a problem related to that, whereby the father may be a salesman and on the road 5 days a week, maybe 6, and the mother could be actively engaged in some sort of civic involvement, and neither of the parents is home. Therefore, we cannot escape the reality of the fact that even affluent communities are faced with similar disintegrating family units, similar in other areas.

Mr. RANGEL. Isn't it so that in very poor communities and very poor families that the lack of finance also brings about the disintegration?

Mr. RACHFORD. Precisely. There is a parallel.

Mr. RANGEL. So while you may have the pill problem in the affluent society, it seems as though more and more in the cities, more particularly in the inner cities, that the poorer families and those that have least assimilated into the mainstream, find themselves with the hardcore drug situation. That is why I am amazed that in Chicago we don't find a representative from the educational arena that could also deal with that problem.

We have to recognize that what happens in the city can spread, and that heroin addiction is not the same as sickle cell anemia. It can spread. I think one of the major problems we have in this Nation, while we are just starting, many of the things that have happened in terms of legislation have been the result of the chairman and this committee, which is a tragic indictment as to why we are just starting to move. For a freshman like Morgan Murphy to have to come and enlighten the Congress is frightening.

I just wonder what are your experiences. I think you mentioned earlier that there is some fear of the black community that exists in the affluent neighborhoods. I think a lot of that fear is attributed to crime. I think there is no question that law enforcement would attribute up to 70 percent of crime to drug-related problems.

I just wonder whether or not as educators you do believe that there are different types of problems that have to be resolved in schools that are located in poor communities as different from the problems that you face in administering economically integrated or affluent schools.

Mr. RACHFORD. Absolutely.

Mr. RANGEL. Would you see any reason why the principals or the administrators of these schools would feel that they could not come forward as readily as you gentlemen have seen fit to do?

Mr. RACHFORD. Having read the newspapers about some of the transfers of principals in the city of Chicago, I can understand some of their reticence. You may not be familiar with that. Dr. Moore has a closer feel for that. They are in a vulnerable position. The hardest job in the world, as far as I am concerned, is that of a high school principal. I am not one, but we have two, and it is extremely difficult. I think people are just reluctant to come out and talk and absorb the pressure, the hard knocks, the criticism. Maybe some people think they are the miracle workers because they have a doctorate in education and they should have all of the answers. To admit you don't have all of the answers is sometimes an ego problem.

Mr. RANGEL. We may be identifying the problem because, being a guest in the city of Chicago and respecting the host, if people can feel that they may be jeopardizing themselves politically because they are discussing a health or emotional problem, then we are further back than we would like to believe we are.

Really, what you are saying is, one might jeopardize himself as an educator if he dealt with the problems of his students in discussing it in a public meeting.

Mr. RACHFORD. Yes, in the spotlight. When you qualify it by saying in the spotlight. They are dealing with it behind the doors in their communities with the schools and not necessarily coming out and talking about it in the open.

Mr. RANGEL. Isn't this the problem? See, we have found this of educators. Now, policemen have no problems in telling you, "Look, I need more money, we need relaxation of some of these statutes." They know exactly what to ask for. Teachers unions have no problem—tenure, more vacations, more money. But why is it in dealing with their clients, the kids, and certainly no one denies they love them and they are dedicated people, that one can testify in Cook County, Dade County, and New York City, that teachers cannot talk about it either for fear of political pressure or just because they just don't want to talk about it.

This is what we cannot find out. We are lay people trying to legislate, trying to give assistance, fighting to resolve an epidemic that is sweeping the Nation, and yet I think you hit the nail on the head and politics doesn't necessarily mean Democrat or Republican, there is a politic with the educator in not wanting to talk about this. I don't know whether it is the same thing we had with mental illness or venereal disease. I don't know what it is, but perhaps you can help me with it, because nobody is saying that the educator is responsible for the disease.

Dr. MOORE. Representative Rangel, if I may respond, I think we have been talking about it. But I don't think a lot of people have listened to us. I think it took quite a while to convince a parent and say that "Mom, Dad, you have a problem in your house." "Oh, no, no; I don't have a problem in my house."

I feel that many people have been talking about it and saying that we have got some problems, but I think one of the problems that many administrators have faced is that they have not had a positive response.

Once again we have had thrust upon us in schools, public, private, and what have you, a driver education, sex education, any number of different programs that people have said, you know, let the school resolve this one, and then when we said there is a drug problem, we have got to look at it, we have to go some way, it has been covered up.

I don't feel school administrators have covered it up. Perhaps we just haven't approached it with the expertise as far as communication is concerned with parents.

Mr. Rangel. Certainly, and I think the chairman mentioned it, we haven't found one superintendent of any major city that said that they had a proposal, and no one can say they aren't expert, that they have submitted a plan that they wold like to try a pilot project to see whether they could deal with this.

But the real question is the absence of people, principals from poor communities, in attending this meeting. I mean, the mere fact that they could be jeopardized politically, or in the educational world, I think, is significant. It could be because you have come forward that you have suffered a lot of heartbreak and people have not cooperated, but has it degenerated to such an extent that some people dare not come forward and talk at all?

Mr. Phillips. Have you seen any statistics published within the system, or brought to the attention of the media here in Chicago, indicating how extensive drug abuse is in the schools?

Dr. Moore. No, I have not; but I do know a survey has been taken. I have not seen any results of it, as yet. I think it is going to be tied in with the total package that is being proposed.

Mr. Phillips. You say you know of a survey?

Dr. Moore. Yes.

Mr. Phillips. When was that taken?

Dr. Moore. A rough guess, 9 months ago.

Mr. Phillips. By whom?

Dr. Moore. The Department of Curriculum in the Chicago Public Schools.

Mr. Phillips. Was it taken in your school?

Dr. Moore. Yes.

Mr. Phillips. Were you advised of the results?

Dr. Moore. No; because the results, I am not sure have been compiled as yet.

Mr. Phillips. You don't know anything about the problem. This is 9 months ago.

Tell me what happened in relation to that survey?

Dr. Moore. I really can't tell you because this particular program has been in the works and I believe they are in the process of perhaps preparing it for Federal funding.

Mr. Phillips. Did they actually survey the children in the school to find out what the drug abuse problem was?

Dr. Moore. Yes, there were questions asked. I am sorry I am hazy on this. It was 9 months ago.

Mr. Rangel. Don't you feel embarrassed about that, because we haven't been any place where they haven't been extremely hazy on everything concerning drug abuse population in the schools?

Dr. Moore. The results that have come back within the last 2 months, I could probably tick them off but we haven't got them.

Mr. RANGEL. They have more secret surveys floating around and yet every one says they don't know where it is, but we have got the problem, and we cannot deal with it as legislators. We come before the people every 2 years to be lauded or to be kicked in the pants and whatever, and we have public hearings in order to find out from the professionals what help you need so that we can fight for these things on the floor.

I can think of no profession that asks for so little in terms of drug abuse, and being better able to serve the community.

Dr. MOORE. I am not an expert in terms of the total community. I feel I have knowledge of my own individual school community. You are talking of 52 different high schools and you will get 52 different opinions from 52 different principals. This particular survey, as with many congressional works, I am sure, takes a little time to develop to make sure they are right when they come out.

Mr. RANGEL. Don't you have conferences, like every other group of people? I know laywers and politicians, we just confer and have conventions and we talk about how we can improve and how much more money we need. Don't the educators get together to try to improve the quality of services that they can render?

Dr. MOORE. Yes, we do.

Mr. RANGEL. Can you recall in any conference that you attended that the problem of drug addiction was included on the agenda?

Dr. MOORE. Yes, sir.

Mr. RANGEL. What was the result? What were the conclusions?

Dr. MOORE. The conference was only yesterday morning where all of the principals from my immediate area met with the top politicals and youth officers of the city, trying to see what problems we had in our own particular school area.

Mr. MURPHY. Doctor, what prompted that conference?

Dr. MOORE. This has been one which was going on each year it has been called.

Mr. MURPHY. What happens after the conference is over? We are not trying to find fault with you because, as the chairman and my colleague, Mr. Rangel, said, you are probably the three most enlightened school administrators that have ever graced this committee. But what happens after the conferences, if they are held every year? They just forget about it?

Dr. MOORE. This is just one of the interchanges with our local commander and one of the problems on our agenda yesterday, aside from the upcoming football scene and the problems attendant with that, was the question of what was the drug scene, what does it look like this year.

We happen to be in tune with our local commanders. I am in tune with my commander, the area commander, and although the police have not been mentioned too frequently, I think the Chicago police do a tremendous job in cooperating with the schools and this matter of the outside pushers that are trying to get into the schools.

This is an exchange of information. We don't have to have a conference for that. I talk to Bill Woods, who was our district commander, frequently. We say we have got this information, or here is someone that is going to have a big buy ready for us, or he in turn comes back to us and says we have this kind of information.

So although we had a group of educators and police together, it is still this close individual community relationship.

Mr. **Rangel**. That is healthy, and I didn't mean to imply that the Congress could fund this type of cooperation. It just has to be when dedicated people get together you find it sometimes. What I was talking about dealt mainly with you being the custodian of the children during these 6 or 7 hours a day. How could the Congress or the State legislature make your job easier.

We have had some suggestions that have come out of many hearings. Some, as Congressman Murphy pointed out, have advocated in hardcore addiction areas we have alternative schools so that the addict is not dischargd into the street, suspended, nor is he allowed to impede the progress of the child that is not addicted.

These are the things we have to know, and these are the things I was talking about.

Chairman **Pepper**. Just let me add this. We are running a little behind. We would want to talk to you gentlemen for a long time. You can see, I think, that we feel the school system is the area where a program can be set up and can be funded with Federal, State, and local funds, but somebody has got to do the thinking to determine what kind of a program it is to be; how are you going to operate; how many more facilities will you need; how many personnel; how much shall the Congress be asked to appropriate; how much will the State lack; how much can you add locally; et cetera.

What we want is the educators of this country to come up with the kind of thinking, kind of proposal, that will be helpful to us.

Then we can go to the Congress and say, "Listen, if you give the schools of this country some more money they will set up a program that will be meaningful in the drug area."

Anything you gentlemen can add now or later by way of suggestion, or promote others to suggest, will help us a lot in trying to help you.

Thank you very much, gentlemen. You have been exceptionally valuable to us.

Counsel, call the next witness.

Mr. **Phillips**. Mr. Chairman, the next witnesses will be a panel composed of criminal justice officials.

Mr. Wierzbinski is the deputy chief of the probation services, probation department.

Mr. Sherman is the chief public defender in the court, representing juveniles in trouble.

Mr. Maurice Dore is an assistant State's attorney in charge of the juvenile section of the Cook County State's Attorney's Office.

Mr. Sullivan is the assistant State's attorney, responsible for the drug abuse program which is presently being utilized by that office.

Chairman **Pepper**. Gentlemen, we are very glad to have you here. Will you proceed?

Mr. **Phillips**. Mr. Nolde, who has interviewed these people, would like to question them.

Chairman **Pepper**. Our associate counsel, Mr. Nolde.

Mr. **Nolde**. Thank you, Mr. Chairman.

Mr. Sullivan, you had an original responsibility in helping to establish the State attorney's "first offenders program" for drug offenders; is that correct?

STATEMENTS BY PANEL OF ILLINOIS CRIMINAL JUSTICE OFFICIALS: ERVIN J. WIERZBINSKI, DEPUTY CHIEF, PROBATION OFFICER, COOK COUNTY; DENNIS SHERMAN, CHIEF PUBLIC DEFENDER, JUVENILE DIVISION; MAURICE M. DORE, ASSISTANT STATE'S ATTORNEY, IN CHARGE OF JUVENILE DIVISION, COOK COUNTY; JOHN TERENCE SULLIVAN, ASSISTANT STATE'S ATTORNEY, COOK COUNTY

Mr. **Sullivan**. That is correct.

Mr. **Nolde**. And you are presently functioning in the State attorney's office as what?

Mr. **Sullivan**. As an assistant State's attorney. I was until very recently the superintendent of the Chicago Drug Abuse Corps.

Mr. **Nolde**. Would you describe briefly for the committee the operation of the "first offenders program" of the States attorney's office?

Mr. **Sullivan**. The State's attorney's office drug abuse prevention program—and we emphasize the "prevention" part of it, Mr. Nolde—was begun because the State's attorney of Cook County decided that there were just too many cases that were coming through our courts and saw no apparent stopping of the spiraling number of young people coming through our courts and the fact that furthermore, as law enforcement people, we were apparently doing nothing except putting people on probation and in jail for drug charges. That is to say, there was no let up in the number of cases.

As for example, we were averaging approximately somewhere on the average of about 400 cases a day, and these were from Chicago alone and the preliminary hearing drug courts.

Chairman **Pepper**. Excuse me. How many were teenagers?

Mr. **Sullivan**. This, I don't have any statistics on. However, there were a goodly number. The important aspect of that question was the fact that we were now seeing that more and more and more young people were coming in as the number of cases spiraled.

Mr. **Phillips**. What type of drugs were they using?

Mr. **Sullivan**. All types of drugs.

Mr. **Phillips**. Hard drugs as well as what we call "soft drugs"?

Mr. **Sullivan**. Everything from heroin through barbiturates, amphetamines, and hypodermic needles. Specifically, one coming in charged with hypodermic needles, of course you wouldn't really know what he had been fooling around with. It could be anything from heroin to "speed."

Mr. Sherman was at one time quite a long time in drug court, and Mr. Filter, who is behind us, with the Illinois Drug Abuse Program, has spent many, many hours in our courtroom.

Mr. **Phillips**. Do you find drug abuse by teenagers is really expanding?

Mr. **Sullivan**. No doubt about it.

Mr. **Phillips**. Are they getting into more drugs, more consistently?

Mr. **Sullivan**. Not only more drugs but more sophisticated drugs. For instance, one of the drugs showing up an awful lot lately, much more so than before, is something called PCP.

Chairman **Pepper**. What?

Mr. **Sullivan.** PCP, which is layman's language. It has a use for veterinarians only. It has a different reaction inside a human being, a hallucinogenic reaction, whereas it does have some valid medical use, but only in animals. Where this is coming from, of course, is something for us to try to stem.

But we decided—the State's attorney asked us if we could develop some sort of program to see if there was something we could do in Chicago initially, and hopefully all of Cook County.

So starting out in March of last year, we initiated a pilot program wherein a young individual who comes through the adult courts, who would wish to give up temporarily his or her right to a speedy trial, could enter a program that we set up which would basically work like this:

He or she would attend five consecutive sessions which are held every Saturday morning at the Chicago Civic Center in downtown Chicago. That individual would be placed in a smaller group of approximately 10. They would sit around the table, something like this, and in each group there will be, and there is, a professional counselor. That is an individual who would come either from the Gateway Houses or from another section of the Illinois Drug Abuse Program.

This is an ex-addict, as a matter of fact, but he is a proven ex-addict who has worked as a counselor in other programs.

Mr. **Rangel.** What happens to the criminal charges?

Mr. **Sullivan.** It is held in abeyance.

He then goes through these five sessions. They are group therapy sessions, educational to an extent, but mostly group therapy where a kid can sit down and tell his counselor and other individuals exactly where he is going. I like to think of it as sort of forcing an individual to say, "Let's stop the world, I want to take a look at where I am going," before he has become really drug dependent.

At these sessions, which last about 3 hours nonstop, he is in this smaller group with the professional counselor. He or she must also submit to urinalysis tests, which give the counselors a chance to determine whether or not that individual is on a specific drug during the term that he is spending with us at the civic center on these Saturdays.

Whether or not he is with the drug at that time, whether or not he is using the drug. It gives the counselor more of a chance to find out, No. 1, whether the individual has been telling the truth when he has been with us.

Chairman **Pepper.** Is he in custody?

Mr. **Sullivan.** No, sir.

Mr. **Rangel.** How does this urinalysis last on a weekly basis? From our experiences with the military, they could jazz this analysis up a couple of hours before it is taken.

Mr. **Sullivan.** No, sir. For instance, traces of morphine in someone using heroin will show up 72 hours after the time.

Mr. **Murphy.** Who administers the test?

Mr. **Sullivan.** The tests are administered—they are not tests. The analyses are administered by the private agency.

Mr. **Murphy.** You analyze the urine; right?

Mr. **Sullivan.** Correct.

Mr. **Murphy.** When does the subject come in with the bottle?

Mr. **Sullivan.** That morning. It is given to him that morning.

Mr. MURPHY. Where?

Mr. SULLIVAN. In the civic center. There is a supervised place where the bottle is filled and he or she returns it directly to all of the supervisors.

Mr. MURPHY. They do have supervised booths. I can't help but wonder that somehow, with the ingenuity of our youth, we would end up with the urine of some guy from the first lab testing in the 24th division, so that we would get to the point where three doctors were needed to stand by the subjects during the test.

Mr. SULLIVAN. No, sir. They are supervised. They are supervised and it is done not en masse.

The individual, after he completes these sessions, is then under a form of supervision for a period of about 3 or 4 months thereafter, during which time he is subjected to various spot urinalyses, where he must come down to the location in Chicago and submit to the urinalysis tests.

Mr. MURPHY. If he abstains 72 hours prior to the test, he beats the test.

Mr. SULLIVAN. However, we are there trying to tell. If they come back with dirty urine, they are automatically out. We are simply attempting to find out what type of drug he is on, if he is on drugs, and if he is on what has been referred to as a hard-core drug, as an opiate, we can refer him to something that would be better suited for him, like Gateway Houses or the Illinois Drug Abuse Program.

We are attempting to permit an individual to go further by use of the law, rather than give some type of rehabilitation. We are not rehabilitating an addict, we are hopefully getting people to come to us before they are addicts, through the uses of the law and through the court system.

If a person remains free from any criminal arrest during that period of 4 to 6 months, and he comes back to court, we make another check at that time with the Chicago Police Department and if possible, with the FBI arrest reports, to find out whether or not he or she has been arrested. If he or she has remained free, the next time they come to court we drop the charges against that individual.

Mr. RANGEL. You don't deal with the addict. In other words, this is to catch a guy before he becomes an addict?

Mr. SULLIVAN. Absolutely. I will say, however, that we have found out some of the individuals, say for instance someone is arrested with barbiturates and many times they mix those with heroin in connection with heroin. It may show up in his urine that the individual does have traces of morphine in his system.

If that is the case, we confront him with it, and he either has his choice to come back to court to face the original charges or submit voluntarily to another facility which is used for rehabilitation of someone who is on some type of a narcotic drug.

We do not handle narcotic drugs in this program. This is for marihuana and either pep pills, barbiturates, needles, attempting to obtain a drug by false prescription, things like that.

Mr. NOLDE. Could you tell the committee what sort of success rate you have with this program?

Mr. SULLIVAN. Originally, Mr. Nolde, we started out, as a matter of fact, working out of a petty cash fund because it was a pilot program, it was something that was the first of its kind in the Nation, as we found out, and we weren't so sure exactly how it would work, or whether it would work.

We started out only in the city of Chicago. It has grown to where in 1971, November, it was made available to the entire Cook County. That is all of the suburban areas, as well, and very recently, in August, we extended it to the juvenile section. We now have a similar program for juveniles, likewise on Saturdays.

However, separate from the teenagers, or teenagers who are classified as adults by the law.

After about a year of the program, we decided that we should really know whether or not this program is working, since we have been granted some funds through the Illinois Law Enforcement Commission.

The entire number of individuals who are arrested, their names, arrest numbers, were resubmitted to the Chicago Police Department, and through some frank cooperation with their records system they returned to us all of the available records of the individuals who we had arrested. We didn't get all of them back, incidentally, because through this program we allow an individual to expunge his record after he has successfully completed the program.

So some had already expunged the record and we could not get records on them, which shows you the thing actually works. But out of those, we found that out of 576 individuals whose records came back, who had successfully completed the program, 21 had been subsequently arrested and convicted.

This figures out to a little over 96 percent of the individuals had not been convicted of another crime.

Out of those 21 persons, nine had been convicted of a drug violation, which means that something like 1 or 1½ percent had been subsequently convicted of another drug charge.

Mr. PHILLIPS. How many rearrested?

Mr. SULLIVAN. I don't have a further breakdown on those.

Mr. PHILLIPS. Is it materially different?

Mr. SULLIVAN. No, it is not. As a matter of fact, some of the individuals we have listed as 21 individuals had been arrested on things like disorderly conduct. These records have not been doctored in any manner. We wanted to make sure, so we could tell whether or not we were going in the right direction.

Chairman PEPPER. This was a program the State attorney's office in Cook County inaugurated. You were getting 400 or 600 a day?

Mr. SULLIVAN. We were averaging about 400 a day. Before I left court today, we had over 500 cases.

Chairman PEPPER. You have operated this program yourself. You didn't put it into the hands of anybody else?

Mr. SULLIVAN. It has been operated by our office.

Chairman PEPPER. I mean by your office. And you think you are getting pretty good results by having them come in once a week to participate in this seminar on Saturday morning, with counselors there. You have how many together at a time?

Mr. SULLIVAN. About 10.

Chairman **Pepper**. About 10 at a time, have them in groups. Do the same 10 come back every Saturday?

Mr. **Sullivan**. Yes, sir, same counselor.

Chairman **Pepper**. You don't meet with them any other time during the week? That is the one meeting you have?

Mr. **Sullivan**. That is correct.

Chairman **Pepper**. And you follow up about 6 months after you allow them out of your immediate care?

Mr. **Sullivan**. That is correct.

Chairman **Pepper**. You chose that method. Why did you choose to run a sort of drug treatment program yourself? All of these people had been arrested and charged with a crime; is that correct?

Mr. **Sullivan**. That is correct.

Chairman **Pepper**. What I am getting at, suppose you didn't have your own program and your office has on an average of 400 people a day being arrested who have a drug-related experience——

Mr. **Sullivan**. Averaging about 400 charges a day, that is correct.

Chairman **Pepper**. Are there enough programs in Cook County available for your office to send these people to, to get treatment and rehabilitation?

Mr. **Sullivan**. Sir, I have to emphasize that our program is set up for the individual who has been arrested but does not have any sign at that time of addiction. Our purpose is to try to cut them off before they become addicted.

Chairman **Pepper**. These people have not been shown to be drug users?

Mr. **Sullivan**. They may be drug users but not addicted to a narcotic drug.

Chairman **Pepper**. Not yet addicted?

Mr. **Sullivan**. That is correct. Ours is the only program in Cook County that exists, on any type of large scale, to cut somebody off before he becomes addicted to something.

Chairman **Pepper**. That is very commendable. Do you have any who come through who are firmly addicted or have been frequent enough in the use of drugs, or abuse of drugs, to be called addicts?

Mr. **Sullivan**. Very few, but there are some that come through.

Chairman **Pepper**. What do you do with them?

Mr. **Sullivan**. We have agreements with the Illinois Drug Abuse Program and Gateway Houses, who handle people who are addicted. If we find someone we cannot help because of the fact he is addicted, we then refer that individual to one of those other agencies and hold his case in lieu of court until he has complied with the requirements of either Gateway Houses or some other individual house.

Chairman **Pepper**. Are there enough facilities to treat all of these people?

Mr. **Sullivan**. I find there are quite a few facilities now for the treatment of say, addicts, or someone who has been really truly drug dependent. I don't think throughout the United States there are enough programs such as ours, which try to head off the individual, so we don't have to later on put them through some house.

Chairman **Pepper**. I know, prevention is good, I am also thinking about treatment and rehabilitation for those who reached the point of being an addict.

Mr. SULLIVAN. We have excellent cooperation with those agencies, and I believe that they are pretty well on their own now. There are a suitable number of those agencies.

Mr. PHILLIPS. Mr. Sullivan, it seems to me by the basic computation of 400 charges a day and 200 working days a year, that comes to 80,000, does it not? About 80,000 cases and there are only 7,000 people in treatment in Illinois?

Mr. SULLIVAN. About 80,000 cases. An individual may have more than one case.

Mr. PHILLIPS. Even if you divide it by eight, it is still 10,000, and it is more than you have in the programs in Illinois.

Mr. SULLIVAN. Many of the individuals through the judicial process seek to come in with an attorney or be represented by a competent attorney who gets them off the charges and they don't want to seek help; or No. 2, are forced to help from the courts.

Many of the people probably discharged are, in fact, innocent. So that should take care of quite a few figures.

Mr. PHILLIPS. Do you think the experience related here could be duplicated by the school system before a person gets arrested; when the evidence shows a drug problem?

Mr. SULLIVAN. To an extent, yes. We have definite problems with our schools at this time.

Mr. PHILLIPS. What problems do you see that we have with the schools at this time?

Mr. SULLIVAN. I see problems basically with getting individuals in the schools, that is administrators of the schools or teachers, to fully cooperate with law enforcement so we can get help for the youngsters that need the help. And I have spoken before schools, or before teachers' or principals' conferences, and they have asked me questions; I found that probably the basic problem that we in law enforcement have with teachers is the fact they are scared stiff to report an individual who is in that school who either has been messing around with drugs, appears to be under the influence of drugs, selling drugs, is harboring some type of drugs in the locker in the school.

Teachers are fearful of being sued, and for that reason they would rather just close their eyes than to touch the problem.

I had teachers who have told me, especially in some of our more affluent places, that the pressure is so great upon them if they report the individual child to a law enforcement agency and the police department as soon as the parents come, rather than trying to help the youngster into some type of treatment, whatever it may be, the parents right away say to the teacher that they are going to sue them for false arrest or defamation of character.

Mr. MURPHY. In other words, what you are saying is the parents refused to recognize the problem and as a result the teacher is hesitant in reporting the problem?

Mr. SULLIVAN. I would say definitely, yes, sir.

Chairman PEPPER. You have pointed up, I think, a very serious problem. I remember testimony we had in New York of a student who was under the obvious influence of drugs, walking down the halls, and the teacher held a book up as if the teacher were reading the book, to keep from seeing the student.

Yet. I sympathize with the problem of the teacher. Suppose the teacher conscientiously said that such a young man in the school in her opinion was a drug abuser and caused the other school authorities to examine that child, maybe take a test of the child, and make some inquiry about it, and then the parents were to sue that teacher. The teacher would have to pay money to hire a lawyer and go to all of the expense and trouble connected with the legal process.

They might even get dismissed, for that matter. So it seems to me that the State legislature should give serious consideration to some way of protecting the schoolteacher, like they would protect a law officer who conscientiously tries to do his duty.

I know he is subject to suits, also. He needs some protection, too, within reason. But it seems to me that very problem is a serious one.

Mr. RANGEL. Mr. Chairman, in New York, if the act of the schoolteacher was done in the normal course of business, then the city of New York, through the corporation counsel's office, would come forward to defend. This doesn't mean it is not an embarrassing situation that teachers try to avoid.

In Chicago, would not this be the same? You have what might be called a county attorney or city attorney?

Mr. SULLIVAN. We are the attorney if the instance arises, but nonetheless, the teachers still subject themselves to a suit which the city may or may not pay.

Mr. PHILLIPS. Don't you think that is really a lame excuse? I think an awful lot of these teachers are giving that as an example, or reason, for not doing their job, because they don't want to get involved. "It is a little bit sticky, and I don't want to get involved."

Mr. SULLIVAN. It is a lame excuse, except you have to put yourself in the teacher's position.

Mr. PHILLIPS. I would probably have two law suits in 20 years on that basis.

Mr. SULLIVAN. The teachers who have talked to me have spoken in these terms, they have a family to raise, they are not making enough money as a teacher to raise that family the way they want to. They can just not take the chance of a lawsuit in that respect.

Furthermore, there is the problem of a teacher who turns a child over to the authorities. What happens to him within the school? What type of respect or rapport does he lose with an individual? In other words, if he goes to court to testify against an individual who has a problem, and a drug problem, and the teacher found drugs on the person and he has to go into court to testify against him, he also gets the ridicule of other students. I think the program such as the one we have started, widely disseminated, would help because we are starting to learn we get much more respect as prosecutors through this program.

There is the same pressure, incidentally, upon certain police officers, and probably, once again in more affluent areas, where a police officer may be making $10,000 or $11,000 a year and subjects himself to arresting the son or daughter of someone who makes much more money and may be the chairman of the police board, or something like that. He fears his job. But if an individual can be turned over for treatment, knowing that that person is not going to go to jail unless he or she decides not to help themselves, I think that is the answer. And with the program we have set up, we have lawyers down there every

Saturday morning; I am there myself every Saturday morning; other State attorneys; we sit in on the conferences unless we are told to get out.

We have a psychiatrist from Loyola University Medical School there every Saturday, in case we have any problems.

I think programs are needed like this elsewhere and maybe we could get more respect from the teachers and more respect from the students and if there is a problem we can handle it.

Mr. RANGEL. Mr. Sullivan, I think this is a terrific program and I only regret that New York didn't have the imagination to get started on something like this. But I fail to see the analogy, as a former prosecutor, with what used to be my business and that of the business of teacher. I mean, one thing we have never demanded from defendants was respect. And the second point, which I think is really more at point, is that under your program, if a youngster fails to respond to the services, you can put his behind back in jail.

Mr. SULLIVAN. That is correct.

Mr. RANGEL. Where the teachers do have a different type of problem. And the way we look at that on the committee is that we cannot see why teachers do not treat drug addiction in the same manner as they would a contagious disease. There must be some reason for it, but they would not allow a student to sit in that classroom who they felt would contaminate the other students.

They don't have the power that you have, and I don't even think you have to tell those youngsters what will happen to them if they flunk your course.

Mr. SULLIVAN. Might I suggest, sir, I take it you were a prosecutor a few years ago. In the 3 years that I was in the drug abuse corps in Chicago, I saw a complete turnaround. That is to say, you can talk to a judge here in Chicago, as I am sure Mr. Murphy has, who will tell you that in the olden days, which were not so long ago, in the late 1950's and early 1960's, the judge would know by name most of the defendants who came in. But now, in this country, we have seen the tide of the drugs and we see that the individuals who are coming in, while they are defendants, while they are charged by law, we can look at the individual's charge and we can see whether he is arrested with lots of drugs or small amounts of drugs, which would tell us whether or not he is simply using them or whether or not he may be trafficking in those drugs.

We can also check his arrest record and determine whether or not he has been arrested before.

Our program is for those who have not been arrested before. Our program is for those who—and I say "ours" meaning the entire court—is for those who are not traffickers in drugs, from the best we can tell.

We have attempted, really, to change our perspective of how we look on a certain defendant. If we can tell an individual needs help, he is still a defendant, but we are going to try to help him and we think the law was set up to help him.

If an individual, from the charge or quantity of records we can determine or from his records, is known to be, or is not to be, trafficking in drugs we take a completely different attitude toward them. We don't want them to like us, as you said before.

Mr. RANGEL. I agree, and the most important thing is this youngster, who probably doesn't have criminal intent as we know, does not have to carry the impediment of conviction on him if he is rehabilitated.

Our chief counsel is saying this is a wonderful program, but you are basically dealing with someone who has come in contact with the law.

Mr. SULLIVAN. Absolutely.

Mr. RANGEL. And certainly the way you are handling it is a very progressive manner. This does not remove, however, what we believe should be some responsibility to those students who have had no contact with the law.

Mr. SULLIVAN. By teachers?

Mr. RANGEL. That is exactly what we are talking about.

Mr. SULLIVAN. I agree with you wholeheartedly. But our purpose is not to look for praise. We are attempting to help the schools, at the same time, in the Chicago area and Cook County and, hopefully, through the use of possibly this committee, this program can be started in other places in the Nation.

Mr. RANGEL. How can you help these schools except to assure the administration their kids won't have a record?

Mr. SULLIVAN. That, to me, is a big, big point.

Mr. RANGEL. Back to educators, once they get the record, they are expelled and there is no program.

Mr. SULLIVAN. If a father can know that his daughter can come to court and can be helped and still not end up with a record, he or she is not going to threaten that teacher with any type of false arrest.

Mr. PHILLIPS. Isn't that going too far? Why do we have, in a case like this where a principal or teacher finds a kid either using drugs or with a small amount of drugs, why does that even have to get to court? Shouldn't, within limits, a school authority have discretion with the prosecutor in that particular case?

And why shouldn't the school be running a treatment and rehabilitation program right there so they don't even get to court?

I think any parent would be concerned about hiring a lawyer and going to court. Why does it have to get that far when we are dealing with a problem 50 percent of the kids are into? Why don't we handle it in the schools? Why do we have the district attorney's involvement in arrests and things like that?

These are cumbersome and expensive procedures.

Mr. SULLIVAN. If the person comes back in the court charged with a drug offense and does qualify for this program, he doesn't need a lawyer.

Mr. PHILLIPS. No, I am saying as soon as he gets there, any child that has been arrested and goes to court is going to consult a lawyer. It is just our thinking today.

Mr. SULLIVAN. Or the public defender.

Mr. PHILLIPS. In any event it is embarrassing; it is a tremendously burdensome procedure. No teacher is going to want to do it. Even if the end result is the most pleasant and beneficial, they don't want to go through this court procedure, this arrest procedure. Why can't they do something in the school, or is it against the law to adjust a case like that?

Mr. SULLIVAN. A teacher cannot by himself take the commitment of what happens to be a crime in the State of Illinois and adjust it as he or she may see fit. No, they cannot do that.

Mr. **Phillips.** Apparently, until they do it at the stationhouse.

Mr. **Sullivan.** That is the police department. The officer is making what is known as the station adjustment, which is carried on the individual's arrest record as a juvenile.

I think probably what you are hinting at, Mr. Phillips, is that we need something more than we can give from the prosecutor's side. We need something more in the schools. But you are still going back further than what we are doing. However, we have to hit this from a number of sides. I think that there has to be better drug education than there is presently in the schools.

Chairman **Pepper.** Mr. Sullivan, there were Federal officials in Miami the other day corroborating with some of our local officials in attempting the inauguration of a program which I presume is being started in other parts of the country now wherein the same sort of situation, if a person is brought into court and is charged with a crime, either while they are in custody if they are not on bail, or while they are out on bail, they have a voluntary opportunity to go into a treatment and rehabilitation facility, and the courts, of course, will suspend the trial or the adjudication of sentence pending the outcome of their experience in a treatment and rehabilitation center.

They have to voluntarily apply to get in the program, but they do know their alternative is that the court may proceed against them. So it is a commendable program, that the courts and the prosecuting attorneys are beginning to develop programs like this and the thing is to provide enough assistance to all so you can have the help you ought to have.

Could we pass on to Mr. Dore now?

Mr. **Nolde.** Yes.

Mr. Dore, you have had a long record of achievement with the State's attorney's office and law enforcement. Could you tell us your present responsibility?

Mr. **Dore.** I am the assistant in charge of the juvenile division of the State's attorney's office, and have been for 3 years.

Mr. **Nolde.** Could you tell the committee your opinion of the extent of drug use among our youth and school-aged children?

Mr. **Dore.** Well, I have to distinguish between the group to which Terry was addressing himself and the juveniles. Under Illinois law, a juvenile is a girl under 18 and a boy under 17. It was recently amended so they both now are under 17.

The problem in the Juvenile Court of Cook County, in my opinion, is that we do not get the amount of referrals to the court on juveniles who are into the drug scene.

Again, as Terry mentioned, we have just started the drug abuse program, educational program in the juvenile division after they worked in the adult division and we had discussed this at an earlier date. One of the problems was the advisability of not mixing the juveniles with the adults and we solved that problem.

I can remember after the first Saturday meeting, two counselors who were ex-addicts came bouncing into my office and said there was a youngster who was in that group who was far deep into the drug scene and did not belong in that preliminary educational group.

We had to take other steps with respect to this young man. We made other arrangements. I think we have to distinguish what we are going to do, for which child, at which stage. We have the youngster who is just moving into the drug scene; he is curious; he is influenced by his peer group. I would say that, in my opinion at least, most kids turn on or take this or try that because their buddy tells them to. It is the thing to do for the beginner. But then as the youngster moves more and more into the drug scene, he is no longer taking it because his buddy tells him that is the thing to do, he does it because he has physiological or psychological needs.

Finally, we have to distinguish that youngster from the seller, the pusher.

I think we have to develop programs addressed to each of these three distinct groups; and toward the pusher, the seller, as Representative Rangel said, we as prosecutors, take them out of circulation, cut off the supply.

With respect to the other two groups, I think that we owe some duty to educate the beginner as to just what he is getting into. I remember when I was a youngster; and at the time I think there was a big emphasis on putting sex education in the schools and many parents were reluctant to discuss this with their children. The only information you got was from the guy in the next seat who knew about as much as you knew, which was nothing.

There was this addressing the problem of sex education in these schools. I think most kids get that information and they get that information from other kids. One of the things the State's attorney's program is addressed to is giving them good information from people who have been down the road, so to speak, from ex-addicts, from psychiatrists, from sociologists, or from others, who know where it is at. That can make the youngster understand, at least, what he is getting into.

I think there is a great problem and I think that many have reacted to the problem by sticking their heads in the sand.

Mr. MURPHY. Who do you mean by "many," Mr. Dore. Be specific.

Mr. DORE. All right. I think that the educators, I think that the community, I think neighbors, I think parents. They hope that if they don't face the problem it will go away. I have listened here, and one of the things I think we ought to address ourselves to, gentlemen, is the responsibility of the young person. What is his role in this whole thing?

We have passed the blame to the parents, we have passed the blame to the school, to the police, to the State, to the Congress. I think we ought to address ourselves to the proposition that young people have something to do with it, that they have some responsibility with respect to themselves, to their own individual well-being, so to speak.

Mr. MURPHY. How do we motivate this responsibility? That is the answer we are looking for.

Mr. DORE. That is really the heart of the matter. I do think that if we are going to be successful, it is going to be to educate, at least the beginner, to resist peer pressure. That is really what we are talking about.

Mr. MURPHY. What are the schools doing about it? Evidently the executives of Cook County, in the person of Mr. Hanrahan, came up with a novel and unique idea and I think it is commendable. I wish other States and district attorneys would follow suit.

Our concern here, Mr. Dore, is with the board of education, with the schools and the principals, and obviously your office has come forth with the modality and treatment. Whether it is successful or not, at least you have moved and you are involved. We are talking about what is happening in the schools, from your experience. That is what we want to hear about.

Mr. DORE. I would feel that the place to educate is in the schools. Now, we run into the problem, as Mr. Sullivan said earlier, to educate in a preventive way, and that is to focus on the youngster who has the problem. No kid could ever get help unless somebody identifies him.

Now, his peers will not identify him, as the educator said earlier. They will not trick on him, so to speak. So it is going to have to be either his parents, a school personnel, a minister, someone.

But there is a great reluctance to trick on a kid, so to speak. So we have to change this attitude. As Terry said, we are not trying to incarcerate anybody, we are trying to educate the kid to the real scene he is getting into, what he is going to do to himself.

Mr. RANGEL. He got busted first.

Mr. DORE. True, he got busted, and I agree we ought to start earlier, and I think the school is the place to start, and the home.

Mr. RANGEL. That is our problem. In other words, we are saying your office has assumed the educational function and in pointing out how the existing criminal law does not work as it relates to your clients; that is, these youngsters, these first offenders. It would serve no purpose to jail them.

Mr. DORE. That is correct.

Mr. RANGEL. And I think Congressman Murphy is pointing out, while we are lauding you, that somehow or other we are finding out in every town we go to that new drug rehabilitation people are doing the educating, people on the street are miseducating, and here is an educational project—I was just telling Congressman Murphy—it just seems to me that some of Mr. Sullivan's graduates, as a condition as to whether or not they get their records back, was to go back in their class and talk to their classmates. I mean that as a part of the condition, while you still have that big hammer, because I think you can learn a lot when the alternative is either to learn or go to jail.

Mr. SULLIVAN. That is an excellent suggestion, sir. One of the most satisfying features of this program has been the fact that so many of the individuals who have gone through the program and have finished it have come back time and time again, every Saturday morning, go into another group and helped to break down the barrier that exists during the first couple of meetings.

Mr. MURPHY. Have any of these other State's attorneys around the country come in to monitor your program, or have you sent out any information?

Mr. SULLIVAN. None has come in that I know of. We have had queries from other State's attorneys in other locales, as far away, I think, as Orlando, Fla., and San Diego, certain places out there that have corresponded; but none have come in to actually look at the setup, that I know of.

Admittedly, however, for some locales it may be a difficult program to implement.

Chairman **Pepper.** Excuse me. Just so I understand a little bit more about the program, if the accused person who is on the program turns out to observe the requirements and seems to be free of drugs after a period of 6 months or so, what happens to the original charge that was made against that individual?

Mr. **Sullivan.** We dismiss it. That is the incentive.

Chairman **Pepper.** Up to how serious a crime?

Mr. **Sullivan.** We handle the possession charges and the possession of an amount that to us would indicate that that individual was using drugs, as opposed to selling drugs.

Chairman **Pepper.** So this program is related only to possession cases? It doesn't include trafficking cases.

Mr. **Sullivan.** No, sir. Absolutely.

Chairman **Pepper.** Only possession. Possession of any drug, including heroin?

Mr. **Sullivan.** No, sir. None of the opiates. We are not prepared. There are other places in Cook County prepared to handle someone who is addicted to an opiate, heroin, or——

Chairman **Pepper.** Does there come before your court, cases of young people, say young adults, who have committed burglary or theft in order to get the money to buy narcotics?

Mr. **Sullivan.** We have individuals who are coming charged with, for instance, theft, burglary, who may or may not be committing that crime to sustain some type of a drug habit or to purchase drugs. We have more difficulty with charges like that because, of course, we then have a civilian complaint, a victim of a crime, and only with that individual's consent would we accept that type of first offender.

Chairman **Pepper.** What do you do with a heroin addict charged with burglary or theft?

Mr. **Sullivan.** In cases like that, the court is prepared to refer the indivdiual to the Illinois Drug Abuse Program, at which time that individual is given a continuance, sent down to the intake center, is examined at that point, is then allowed time in which to enroll in the program and prove to the court that he or she is actively seeking some type of help. At that time we will either continue the case or place the individual on probation, with the condition that he or she remain in the rehabilitation program, such as Gateway House, or the Illinois Drug Abuse Program.

That is for an addict, though.

Chairman **Pepper.** Are there adequate facilities to take care of those people?

Mr. **Sullivan.** I find them adequate now; yes, sir. You may hear from other individuals working directly in the area who will tell you they are still too overcrowded.

Mr. **Rangel.** I am assuming if the testimony is going to be similar this morning, that most of your clients are young, white, and affluent?

Mr. **Sullivan.** No, ours are pastel. Our clients. We are fighting, as it is, throughout the Nation, sir, and I would imagine it is the same in New York, that the individuals who are coming in charged with violation of the Illinois Controlled Substances Act, which is patterned after the Federal Act, or Cannabis Act, are of every color, of every age from 16 up, and Mr. Dore finds they are younger in the juvenile court, but they are from every——

Mr. **Rangel**. We are not really finding that. I think it is the economic background more than the color, really, but I think it was evident by the person who testified from Gateway, which is really the same as the problem we have in New York, that your affluent families do have a tendency, if they are going to abuse drugs, to be leaning toward the pills and the barbiturates.

I am assuming further that in the poorer communities, whether they are black, Spanish-speaking, or white, that there is a tendency where there is more of a relaxed law enforcement, more of an open trafficking of drugs, more availability of drugs, and more of the peer pressure, to react to heroin, or cocaine, or barbiturates.

So it would just appear to me—and I am trying to be objective—if you refer your addicts, that the heroin user would be certainly more inclined to be addicted than your pot smoker.

Mr. **Sullivan**. Absolutely.

Mr. **Rangel**. So, therefore, your clients would have been those who were exposed least to heroin.

Mr. **Sullivan**. When you say "your clients," I was misinterpreting your question.

Mr. **Rangel**. Your citizens.

Mr. **Sullivan**. Are everybody who comes into the court?

Mr. **Rangel**. That is what I meant.

Mr. **Sullivan**. Those individuals are what we call pastel, because they are from everywhere. Most of the individuals you find referred to in the Illinois Drug Abuse Program or Gateway Houses, are individuals addicted, and most of them are from the lower economic areas. Most of those are black or Spanish; yes, sir.

Mr. **Rangel**. So the economic condition of your clients—I am talking about the people you will service—would tend to be higher than the average drug abuser in Cook County or Chicago.

Mr. **Sullivan**. The individuals placed in the program, itself?

Mr. **Rangel**. Let's put it another way. Your defendants would be inclined to be economically better off than the defendants that have been addicted to heroin.

Mr. **Sullivan**. Possibly.

Mr. **Rangel**. Which doesn't detract from your program.

Mr. **Sullivan**. Of course not. Possibly it may be so. But we are finding our program is half black and half white, which might have an indication.

Mr. **Rangel**. Of the growing affluence of blacks.

Mr. **Sullivan**. Of their socioeconomic background.

Mr. **Rangel**. I am just hoping that we can get something established for the record, that if this attitude could be considered for other people, that you might get the same type of results.

Mr. **Sullivan**. That is an excellent suggestion.

Mr. **Nolde**. Mr. Sherman, you are the chief public defender for the juvenile court, and you have extensive contacts with the youth of the city. What is your opinion of the extent of drug abuse in the schools?

Mr. **Sherman**. I also have extensive opportunity to meet drug abusers and narcotics addicts as adults, as does Mr. Sullivan.

I would like to say something about the program Mr. Sullivan runs. I think there is something that has to be said. There is great compassion. Mr. Sullivan and the State's attorneys, my adversaries, volunteered their Saturdays; they were not paid for that work. They came up every Saturday. Sometimes they were griping but they came down there every day. And I think when you get down to it, that is one thing we must realize, that there should be some type of compassion. If there isn't, I don't think there is any type of program that can work.

I found when I talked to my high school clients, the easiest way to gain a rapport with them was to talk dope. Every high school student I ever represent, when I talk dope understands what I am talking about, and my clients are not limited to race, or ethnical, or boundary, or geographical lines. They are every one. We are appointed in the juvenile court, I would say, easily 90 percent of the cases. And when I talk to these clients, I find if I start talking dope to them, I can get an easy rapport with them because this is something that they all know. This is something they can talk about.

And if someone comes up to them and starts talking to them about it, they seem to be able to identify with the person.

Mr. RANGEL. Yes. It is absolutely fantastic how there is no color line or economic line when it comes to the services before they get in jail, and yet in city after city, the black and Spanish-speaking represent the minority of the population and the majority in the prisons.

It must be a heck of a fallout between who doesn't come through you.

Mr. SHERMAN. Well, I am talking about in juvenile court. In talking about the criminal, I think you are always better off when you have a private attorney. I think it is a question of economics more than——

Mr. RANGEL. I agree.

Mr. SHERMAN. But we are talking about drugs at the present time.

Mr. PHILLIPS. Can you tell us what drugs are available in the schools?

Mr. SHERMAN. Everything. There is no doubt in my mind the easiest place to purchase any drug in this city is in a high school.

Mr. NOLDE. Why is that; as opposed to the street?

Mr. SHERMAN. As opposed to the street? I think we have a congregation of people. I think there is a demand. I think there is a supply. I think the fact is that you can buy today drugs in the high school as easily as when we went to school, note book paper or school supplies. I think it is available and I do not think the drug pushers are sinister people that lurk about the swings. They are high school students. In fact, I would say probably it is more profitable for a child to sell drugs in the cities and safer than to deliver newspapers in the city of Chicago.

I think it is also this ethical thing about not tricking, as Mr. Dore said, of not turning in your buddy. You know, when we deal with the high school students I think we should realize we were in high school and remember we are dealing with what I consider almost a sovereign nation. I consider what goes on in high schools—that the teachers don't know what is going on in the high schools. We all went to high school. We all remember what an in-group we all were in things that occurred in high schools.

We knew our teachers and parents didn't know what was going on. What is happening now, instead of what Mr. Dore said about talking about sex, people talk and do dope. I think that it is evident from every client that I have ever talked to, when I talk about dope, they know what I am talking about.

I can talk about quantity and quality and price and names and any type, and they all understand. It is something they are conversant with.

Mr. PHILLIPS. I can't agree with you more. I had an interview with 15 pleasant students from 15 selected schools. None of them would testify because none of them had ever been arrested.

But when we talked to them, each of the kids knew the price of dope, they compared some schools with six for a dollar, some schools with five for a dollar. They talk about dope like you and I might talk about football games.

Mr. SHERMAN. Absolutely. We have to realize they do talk a different language. That is a barrier we have, and that is, when you talk about dope, you can converse. It isn't racial. I could talk to black and Spanish and white kids from the mountains, and all of them——

Mr. MURPHY. Mr. Sherman, how do we break that barrier?

Mr. SHERMAN. I don't know if it can be. When I think about when I was a high school student, I think back when my mother said something to me, I sort of, well, what do you know? You know, I really think, when I think about it, that is the saddest thing about it, we are not able to transmit experience from generation to generation. I mean we have history but it seems we don't. It seems irrelevant. The only thing I feel we can do, we can simply say, here are the facts and we care for you and we support them and say, let's hope to God they make the right decision.

I don't think we can lead a horse to the water to have a drink. That is exactly what we cannot do.

Mr. RANGEL. Don't you think some of these youngsters are putting us on? I agree they have their own language, their own world, and I remember when I was a kid, and the social worker came to me and I would adopt their language and try to identify in terms of my broken home and looking and seeing a father's image, anything so I won't go to jail, won't be kicked out of school.

We went to Florida, and we found a group, a very exciting, brilliant, middle-income kids belonging to a drug rehabilitation program, singing songs, saying they loved everybody. We asked what were their experiences. Everyone went from pot to acid, everyone had been on heroin. And not only that, but they wore sweaters with insignias on them, which means they would have the same prestige, I assume, among their peer groups of having gone through the experience, as those that allegedly were still going through it.

I somehow feel that you just can't believe everything that kids are telling you. Someone mentioned, I think it was Mr. Dore, in terms of responsibility. It is surprising how the attorney general can get all of this cooperation with one meeting a week, with a criminal charge hanging over the youngster's head, and if we have psychologists and ex-addicts and everyone working on a daily therapeutic program and the kid is still saying he was mistreated by his mother.

Mr. SHERMAN. There is another thing, let's face it, Mr. Sullivan does screen his applicants. There is a question I know Mr. Sullivan and

I used to get into, black kids have far more arrests than white kids. I think we all realize that.

There are more shootings in black neighborhoods than white neighborhoods and when they are shooting, usually a lot of kids are picked up and it is not unusual for a black kid to be arrested two or three times by the time he is 15, 16, or 17. Many times after these arrests Mr. Sullivan would not take these people in the program.

So Mr. Sullivan did screen the people. So we are not talking about people who were—we are not dealing with addicts, we are not dealing with people who were arrested with any quantity. We are dealing with just average kids in Mr. Dore's class, who are nonabusers.

Mr. **Rangel.** But my point to Mr. Sullivan was, as we can see our way clear not to give convictions to kids that in his opinion do not deserve it, if there could be an extension of this, with the same weight held over the kid's head, it seems to me they could do more with that kid than any social worker or any warden could do, because to a black kid the conviction may not be that important because he doesn't have the hope to one day become the assistant attorney general. So it is no real deep impediment among his peers, as opposed to a conviction of someone who hopes one day to go to law school.

I am saying that the prison system hasn't worked, and I think that this program has to be lauded. I know it is only a pilot project, but it just seems to me that no matter what you say about the kid's permissiveness, broken families, and two people working, or no one there, that Mr. Sullivan holding that conviction over their head has done more than a lot of social workers have.

And certainly a lot more than the prisons have.

Mr. **Sherman.** I agree, but I don't know if that is the solution to hold over the threat of criminal prosecution to stop drug abuse, though.

Mr. **Rangel.** Listen——

Mr. **Sherman.** Isn't that what we have been doing for the last 20 years with our drug laws, and saying it is illegal to use drugs, and if you use them we will arrest you and put you in jail? And I don't think that has worked.

Mr. **Rangel.** That is no threat. I think he would say most of the people that go through the courts said yes, some stupid guy would be arrested, but not me.

Mr. **Sherman.** That is true of every criminal. I never met a criminal, Congressman, that thought he was going to get arrested.

Mr. **Rangel.** So that has been no real threat, especially with smart kids. Mr. Sullivan says you will go to jail because you have already been arrested. I am saying if we can deal with the arrested youngster, something we can work with, if he does know they are more susceptible to "education" than those in the school system cold turkey and those that are in the prisons.

Mr. **Sherman.** However, I don't think it is the Damocles sword that is the motivation for the successful completion of the program.

Mr. **Rangel.** Of Mr. Sullivan's youngsters?

Mr. **Sherman.** Yes. I think it is more counseling, more of the fact they have people there talking to kids for the first time, asking "What are you going to do? Mr. Sullivan, is that true?"

I think that is as good a motivation as they have. I do not believe the threat of going to jail, because I know that the percentage of drug abusers in this city, or the people from Mr. Sullivan's program, I am sure Mr. Sullivan would also agree, the chances of any of those people going to jail are a thousand to one as first offenders in the State of Illinois.

Mr. MURPHY. Do they know that, though?

Mr. SHERMAN. I think so. Because if they came through me, or when they came through me, the first thing I start out, let's see what arrest was made, maybe we can beat this. That is the only thing, how do we beat it.

I say to them, you know, even if we plead guilty, I think we might get supervision or if we have a chance, I don't think you are going to jail.

Yes, I think they do know it and I think Mr. Sullivan would agree with me, it is not the treat of incarceration or having a record that makes this program a success. I think it is the hard work, the comparison, the feeling that "Listen, we want to help you, we don't want to lock you up, we want to work with you, we want to be honest with you." And I think that is what makes the program work.

Mr. RANGEL. But we will never know since arrest is a condition to meet Mr. Sullivan.

Mr. SHERMAN. That would be the only way Mr. Sullivan would reach these people anyway, when they come to court.

Mr. DORE. I might interject at this moment: In juvenile court we operate a little bit differently. In fact, our program is somewhat different than on the adult level. Upon the completion of the program in the adult level, the case is, after a certain period of time, dismissed. We may not do this on the juvenile level because there may be other problems. In addition to this problem of being involved in the drug scene, the youngster may have dropped out of school and Mr. Wierzbinski from our probation department will later on discuss what our probation officers would do to get this youngster back in school.

We owe a different kind of duty to a juvenile than we do to an adult. I would agree with what Dennis said, that with most juveniles the sword of Damocles is not the motivating factor.

And in addition, to address myself to something Congressman Pepper said, we do take at the juvenile level kids whose basic problem is their moving into the drug scene, who may have come to the attention of the court on a delinquency petition charging something else.

In other words, they were picked up for shoplifting, but the probation officer, in talking to the parents, talking to the kids, finds out the real problem is a moving into the drug scene.

We may address ourselves to that problem even though the original reason he was referred to the juvenile court was a misdemeanor, or maybe a burglary, maybe even a fist fight with another friend. If our probation officer discovered that, that the drug was a problem, we would address ourselves to that problem at whatever level we thought the youngster's needs existed.

Mr. PHILLIPS. Could you tell us before we go on to Mr. Wierzbinski, do you have any suggestions on what could be done about the tremendous amount of drugs available to these kids?

Mr. SHERMAN. As I was thinking, I was thinking of really terrific Gestapo methods. There is no doubt I could stop drugs in the schools. I was thinking we could strip and search every person that comes in and out of schools. We could have marihuana——

Mr. RANGEL. Let me take that down.

Mr. SHERMAN (continuing). We could have marihuana-sniffing trained dogs to roam the halls, we could have television cameras.

Mr. PHILLIPS. I don't think we have enough dogs.

Mr. SULLIVAN. Maybe we could train cats. We have a great population of pets in this country.

We could have urine samples every day. Let's face it. There are plenty of measures we can use to stamp it out. But what bothers me, drug abuse is a symptom, and in this country, unfortunately, we seem to confuse symptoms with the disease. The disease of drug abuse is, I think, is a characterological disorder, emotional disorder.

You know, and I am sure Mr. Dore would agree with me, the hardest child we have to deal with in the juvenile court proceedings is the emotionally disturbed child. There aren't facilities available. It is a wasteland. You have a child that is emotionally disturbed, what is going to happen to this child? This child is going to get in drugs. It is so prevalent. This is the child who is going to overdose for the most part.

Mr. PHILLIPS. Do you see a large group of children, average kids, getting into this because their friends are in it?

Mr. SHERMAN. Peer pressure is certainly a large factor.

Mr. PHILLIPS. Do you have any suggestions of what the education system might do about it, or the Congress? And I ask Mr. Wierzbinski the same question.

Mr. SHERMAN. Sure. I would like to go back for 1 minute. Congressman Rangel talked about the teacher seeing the child nodding in the ghetto. The teacher would rather see the child in the nod than being active and causing a disturbance. That is the problem happening in many schools. Those are easy students to handle, they come in and nod off. Those are the students you don't mind handling because of the problems.

I don't know, first of all, whether the Chicago Board of Education or Cook County Board of Education is really probably able to handle the problem. I don't think, first of all, they understand the problem. I don't think they understand drugs. That is the whole thing. I think you could talk to principals and teachers and they haven't the foggiest idea of what drugs are. They have no idea of how one takes marihuana or how one takes speed or how one sniffs cocaine. They have no idea about that.

They have no idea, first of all, about that. How can you get in the school system and say let's work on it when, first of all, we have total ignorance?

We have parents that have total ignorance. Parents have no idea about drugs. Certainly, they know alcohol, and maybe they look on their fingers to find out if—it used to be brown, so they knew you were smoking. But they have no idea about hypodermic needles.

I have parents come to me and say, "I found a hypodermic needle, what do you think he is using it for?" I looked at them. They didn't understand.

Mr. RANGEL. Did you see any hope in what Dr. Holt was suggesting, perhaps the new young crop of teachers are totally familiar with drugs?

Mr. SHERMAN. I feel if a person has reached the age of 25 or 26 and not on dope, his chances are very good.

I laugh about it, but it is true. I think people who have used drugs and not abused, and are still able to complete college and are teaching. I think that is a stop; because we have to have some understanding of what drugs are. But what I think is more important is to realize that drugs are a symptom and you don't cure a disease by eradicating the symptoms. You cure disease by eradicating the disease and then the symptom fades away.

I feel that if we work on trying to cure the emotional and characterological disorders, that many of our high school students exhibit, and tried maybe in the schools, maybe under the department of mental health. But their facilities are so awfully lacking.

Another problem: I had a boy who was so emotionally disturbed it was really pathetic. I tried to get to this boy. He was committed to the department of corrections. We have psychiatrists. They said this boy needs residential setting. He needs mental health in the worst way. You know what happened to that?

They sent him to one of the mental health facilities. He walked away after 2 days. They gave him total discharge. That boy is sitting in Sheridan, maximum security. He is sitting in a cell and that is, unfortunatley, one of the problems.

Chairman Pepper. Is that a prison?

Mr. Sherman. It is a prison?

Chairman Pepper. He committed other crimes after that?

Mr. Sherman. He committed other crimes. He was on, like parole, and they knew that he should be sent. I mean, it was obvious. He was really emotionally disturbed. He just would scream out, really. And it is unfortunate but we just don't have facilities for the juveniles and the youth that are emotionally disturbed. I think that is lacking.

Chairman Pepper. Mr. Sherman, wouldn't that emotional disturbance show up other than in the home? First in the schools? Couldn't it be detected there?

Mr. Sherman. I am sure they know it, but I don't think they do anything about it, because it is a total thing. Not only does it show up in the schools but I am sure the boy may steal a car or get involved with the police, but at the same time he is using drugs. You can't separate it.

Chairman Pepper. The reason I brought that up is we have programs where if a child has a defect of hearing there are programs to deal with that child. If he has a defect of speech, a defect of sight, other defects that are physical, largely, there are programs to help him, even federally aided programs to do it.

But that area that has to do with the mind, that seems to be an enigma. We don't seem to have programs.

They tell me that trained teachers, trained observers, an early as the third grade can begin to detect children that have some abnormality, some inability to adopt, to adjust, who exhibit a predeliction toward antisocial behavior which will later result in crime, and yet nobody has any kind of a program, that I know of, to try to save the children before they become twisted, distorted, adults.

If we simply progressed further the function of the schools, wouldn't that sort of thing be detectable and wouldn't it somehow begin to have proper consideration in the schools?

Mr. Sherman. If it were made a mandate, if it was understood it is in our best interest as citizens that we try to treat mental illness.

And to digress, Representative Pepper, it seems to me that we don't treat the disease of the mind because it is not something that we can see or feel. Sure, we can realize a child can't speak or a child can't hear, but when you deal with something that is ephemeral, it is very difficult.

Chairman PEPPER. It seems one thing that could be done would be for the school boards, who have the overall authority, to be first knowledgeable in these problems, and then to issue explicit orders to the school authorities that you must be on the lookout—the teacher is not volunteering to report little Johnny—and the teacher is going to be fired, herself, if it is found she knew Johnny had a problem and she didn't report.

Mr. DORE. Congressman Pepper, my wife is a Ph. D., in clinical psychology, and one of the problems with identifying children at the early age in school—and my wife is perfectly equipped to spot a child who is psychotic or what-have-you—is a teacher who spots that runs the risk of being sued for defamation, libel, et cetera. It is a real problem in the teacher going and reporting that.

Chairman PEPPER. If the school board were to issue explicit orders that kind of thing must be reported by the teacher, and the teacher exercised her best judgment and an honest judgment in complying with the orders that had come down from the school authority, you don't think the teacher——

Mr. DORE. Basically, they are not psychologists, they are not Ph. D's; they are teachers. And, even with my limited background, I taught a class last week of police officers for 3 hours and, as I talked, I spotted one police officer who I thought had an emotional problem, just based on my own experience.

Mr. RANGEL. Just one, you say?

Mr. DORE. Just one. With my limited undergraduate degree in psychology, I spotted one whom I thought had an emotional problem. I am going to take that up with the proper person.

But I am not an expert, and if I run and say this particular man—maybe he has a physical problem.

Mr. RANGEL. What the chairman has said is there are Federal funds available in order to treat the handicapped or emotionally disturbed. There was a time in my community that anyone who disrupted a class was sent to a special school.

Mr. DORE. Social adjustment school.

Mr. RANGEL. Yes; but it was just a school to get rid of the kids. Now, what we have been able to do under existing Federal law, when the teacher has the power to expel or reassign, that before the kid actually goes to such a school, they submit to the battery test and Mr. Sherman is right, both of the cases, the disruptive child has more wrong with them than just being disorderly, whether it was hearing, sight, or something else.

So that I don't see where the teacher subjects himself or herself to a whole lot of civil damages. The fact is that the teacher can have the child transferred, and so the child can be examined.

What bothers me is now all of a sudden the kids are becoming psychotic because they are trying to deal with drugs. When we were youngsters we dealt with everything else and drugs were not available. We weren't crazy.

Mr. Nolde. Mr. Wierzbinski, I think you have an opinion on that very point. First of all, I notice you have two master's degrees, had experience with the Federal Bureau of Investigation, experience with the correctional department in Indiana, and have been associated with the department of probation here for some time, and you are, in fact, the acting chief of probation, the chief probation officer, in effect.

What are your thoughts on this point and, with your vast experience of dealing with these youngsters, whether you can tell from looking over their behavior patterns if they are posing a problem?

Mr. Wierzbinski. I think the thing that struck me over the years is the fact, that in looking at school records of children referred to juvenile courts, is that juvenile courts will normally get them anywhere from approximately 14 to 16 years of age. However, in looking at the school records, we see where children have been misbehaving, or have been having all kinds of academic and adjustment problems since kindergarten.

The school has attempted to cope with their children in pretty inadequate kinds of ways. In that the school has a responsibility for teaching or educating in terms of factual information rather than educating or assisting in bringing out a full and complete citizen. As far as I am concerned, I think we must take the view that our educational system has the responsibility for the total child, since the school is the only social institution that gets virtually all children.

The church can't make that claim. The family is the only other social institution we have that has them all. As far as I am concerned, we must have a variety of programs in our schools where problems are observed very early in a child's educational career and some attempt to alleviate them.

Mr. Phillips. Could you give us your opinion about the extent of the drug problem here in the schools?

Mr. Wierzbinski. In terms of the juvenile court, we are simply not receiving them. Last year we received approximately 600 children. This year, I think we have 354 as of the first of August. I think the problem is much more serious. We aren't getting them.

You referred to a survey earlier. The Illinois Law Enforcement Commission through the Institute of Juvenile Research financed a survey of the attitudes and behavior of the adolescent throughout the entire State. Approximately 3,000 young people were questioned. This survey indicates approximately 15 percent of the adolescents admit using drugs; approximately 3 to 4 percent indicate they have used all drugs, including one drug called "Figaro," which is the name of one of the researcher's cats.

So the kids were saying they didn't even know what they were taking. They are admitting to everything. In Illinois, that is about the only factual information we have.

Mr. Nolde. What about the board of education here? What are your opinions on their exercise of their responsibility of this problem?

Mr. Wierzbinski. I don't think the response of the board of education in Chicago is any different than in most communities. I think most boards of education would prefer to say our responsibility is for the group and for educating the child. In terms of any other problems. I don't think they want to recognize them. It has been suggested here it is rather explosive, and I would agree with that.

Mr. NOLDE. In other words, you don't think they are doing anywhere near what they should be?

Mr. WIERZBINSKI. No. Because they simply do not want to recognize the problem and because they feel their resources and their energies are already taxed.

Chairman PEPPER. And their funds.

Mr. WIERZBINSKI. And their funds. For example, there were a couple of strikes in recent weeks in various school districts. The first person to go was the school social worker.

Mr. MURPHY. Who makes that decision?

Mr. WIERZBINSKI. Various boards of education, suburban boards of education. And last spring, in the city of Chicago.

Mr. MURPHY. That underscores what we have been saying. They still don't recognize, or do not think they have a problem, if they will let the social worker or social counselor go.

Mr. WIERZBINSKI. Right. I think there has to be a readjustment in terms of the entire philosophy of education.

Chairman PEPPER. The system of education we have now may not be appropriate for the times in which we live. It may need to be reexamined. There is a lot of talk going on about college curriculum, and what is the objective of education, and what kind of education should you give in a free society, in a democracy. How much of it should be academic, how much of it should be manual, or vocational, and the like.

I think the whole subject of education is beginning to get very much into the focus of public thinking and it may be that this problem will accentuate that inquiry, because, as you say, if we could somehow or another arouse these young people in the school to have an affirmative attitude toward life; an outlook upon life where in there is an area of activity where they can express themselves, and where they can feel like they mean something, and where there is love. In the Seed program, my colleagues have spoken about, the saying is, "I love you, I love you, I love you."

It is tragic to me to think how many of those children don't hear that at home. So I thought your remark was interesting.

Mr. MURPHY. I think, Mr. Chairman, one would wonder if there is a problem after these hearings. All one has to do is check the testimony that we have received over the last couple of years in the Congress when the head of the Federal Penitentiary System said 45 percent of his population throughout the United States is in drug-related crimes; when the Governor of Pennsylvania testified before this very committee that close to 70 percent of the penal population in the State of Pennsylvania is in on drug-related crimes.

So we are paying for it in the end. We are paying for it in penal institutions; we are paying for it in the prosecutions and the congestion of the courts. Mr. Sullivan and Mr. Dore relate they have 400 or 500 cases a day in the Cook County court system.

I don't know how the system could possibly prosecute those on an equitable basis or how Mr. Sherman could defend that many cases a day. It is an impossibility. What is happening is that we are perpetuating the problem when we don't catch it at the school level.

We catch it instead in the courts and in our penal institutions, and the people, the taxpayers, are paying for it in the long run. We ought to start paying for it when we can do something about it—at the school level and in the home.

Chairman PEPPER. We are going to have to take a recess in a minute to accommodate our reporter. I am going to invite each one of you to make a last comment.

Mr. DORE. I think, Representative Murphy, you hit what I consider a very critical area. As was evidenced from what was said here, in my own opinion, critical education for drug prevention for children should begin in the third grade and be over by the sixth grade. Because the kids start hitting the peer group influence in junior high school and if they start using it, they start using the soft stuff and then they come into the hard stuff about the area between juvenile court and the adult court, 16, 17, and then, finally, they wind up in the Federal penitentiary at 22 or 23.

I might suggest that we perhaps do some research as to where is the best place to attack this problem. Everybody suggested the schools as being one place. I am wondering at what level. In my own mind, it is between three and six. But that is just my own opinion. I mean between the third and sixth grade. But I don't know.

I think by the time they get to high school, as Dennis said, they are so far in the scene it is hard to separate them from the peer group.

Perhaps, if we get to the kids at an earlier stage, so when they get in the peer group, they say, "Yes, I know all about that, you don't. You can't tell me anything about 'bennies' or other things because I have learned all about that. There is nothing I can learn from you."

Mr. RANGEL. Learned from whom?

Mr. DORE. From their peer groups.

Mr. RANGEL. Who is going to teach them between three and six?

Mr. DORE. That is what I am suggesting. It is obvious the parents aren't doing it; they are not equipped. The schools can't do it if they aren't equipped.

Mr. RANGEL. They don't have them between three and six.

Mr. DORE. I think we have reached the conclusion it has to be the schools, and I am just suggesting that age.

Chairman PEPPER. Mr. Sullivan.

Mr. SULLIVAN. My closing remarks would be, first of all, to congratulate this committee for its work. We are not here to pat each other on the back. I think from my experience of having seen these kids come into court and leave the court; when we would change our death toll every day or every week, that the coroner would report over 300 last year died; when it hits home; when you know so many of these people coming into court are bound to know somebody is going to overdose.

When you work with these kids you see there is so much to be saved. The individual himself, of course, has got to be saved from the tragic possibility of leading a life of degeneracy if he gets addicted to drugs. The individual himself has to be saved for society's sake.

The youngster in school has to be saved for society's sake, because he has a lot to offer. We have had people who have come through just on the program we have that have been graduated as doctors, lawyers, and dentists. It is satisfying to me as a prosecutor to get an invitation from a young man who is just graduating from medical school, or something like that.

Chairman **Pepper**. One of your people?

Mr. **Sullivan**. Probably one of Dennis' people who ended up going through our program. But I think what is not figured out so much by the people in society, but has to be, is how much they have to gain. If an individual is treated in some respect in school, if he is treated before he becomes addicted to anything, society is saved so much because they are not going to have to treat them later on, for one thing.

They are not going to have to pay for extensive treatment if he is an addict. That much is saved. Society is going to save themselves from the crime that is incurred by drug-related offenses.

In my opinion—as young as I am, I have been through quite a bit and talked to many judges—in my opinion, 70 to 80 to 85 percent, maybe, is a very good figure for drug-related offenses. Society is going to save itself that much from treating an individual in school rather than somebody getting knocked in the head and having purses stolen, or robbed, and television sets stolen, and so forth. Society is paying for it.

They are going to benefit from individuals who really have some use to offer if given a chance to do it. They are going to benefit from not having to pay for public aid for an individual who is on welfare because he is addicted and cannot hold down a job.

The public for the most part does not think about that. They don't think that they are going to gain, society is going to gain, because that individual, if he can perform a useful function later in life, is going to be paying taxes.

Mr. **Murphy**. To back up what you said: 500,000 addicts, just add $30 a day in stolen goods, comes out to be $15 billion a year of stolen goods throughout the United States. So we are talking about those types of figures. I am sure the taxpayers, as you say, who are going to pay for it in the end and are paying for it by the stolen goods, are much better off by treating them between the third grade and the sixth grade.

Mr. **Sullivan**. There is no doubt about it. But I think we have to concentrate on what this committee is trying to do in schools. We, of course, work with schools, but we are outside of the schools. I would suggest that education, of course, is the big thing in schools, but the educational facilities, the educational programs I have seen, are not what I would consider practical.

It was brought up by one of the members that teachers who are going to be taught should be taught practical things, not just what a pill is made out of, because a kid isn't going to listen to that. The teacher has to be taught from the practical level, from the doctor's standpoint, from a prosecutor's standpoint, from a lawyer's standpoint, from every possible standpoint, so he can relate some practical things.

And our office, I can assure you, gentlemen, thanks you for this opportunity, and we will be glad to help you in any way we can in the future.

Chairman **Pepper**. Thank you.

Mr. Sherman.

Mr. **Sherman**. Well, there is a consideration that far exceeds financial remunerations to the society and that is the fact that these are our children. I mean, I don't care how much drugs cost us; it costs us a lot more in human suffering because these are our children.

I have represented children in juvenile court and followed them up to narcotics court, to felony court, and from juvenile offenders I have seen them become addicts. I have seen them involved in burglaries, shootings, and robberies. It is not a happy sight. I have represented families of children and you can watch the addiction from one child, to another, to another.

A very famous family—Terry knows whom I am talking about—I represented them in juvenile court. They are known throughout the entire Chicago area as drug pushers. I knew them before they were. But I saw them all, one right after the other, like dominoes.

I wish I could be positive about the Chicago Board of Education, but, as a product of the Chicago Board of Education, I am not very positive. If they do not think there is a problem, then I somehow fail to see how they can solve it if they do not think there is a problem.

You know, they had a reunion at my school recently, and I did not attend since I did not consider myself to be in good standing there. They had a reunion and all of the teachers were telling some of my friends that they wouldn't believe what the drugs are in the school. And I said to my friend: "You know, these are the same teachers who were there when I was there and I imagine if I were there now I could probably be stoned, because if I knew there were drugs available, to listen and sit there those hours I sat to hear all of that dribble, I think probably the only way I could stand it would be to be stoned."

I am not positive about their ability to change things. I think we have to look elsewhere. Unfortunately, surely, the school is the place to begin. But, you know, we talk about leading the horse to water. If they don't believe there is a problem—and I think you gentlemen, as you stated, that the principals, they don't think there is a problem, or they refuse to acknowledge one.

Mr. Dore talked about the teachers being afraid of false arrest. I find that to be ludicrous. I think that in concurrence with the doctors and their good samaritan—when they see an accident occur—I don't want a lawsuit, I am going to drive by. A person is bleeding, a person is dying. You can't tell me a teacher who sees a child, a child on drugs, that child isn't dying. No, sir; I do not believe that any human being, no matter what the lawsuit, no matter what the implication, they can think, I am afraid of a lawsuit. I don't think that is human naure, especially when we are dealing with, not adults, we are dealing with children they see in their classroom every day.

I am sure they must have some relationship, so I don't accept that feeling they are afraid of lawsuits. That may be their rationalization but it is not the justification. I wish there were something. I think a program to educate the schools, and that seems rather ridiculous, but to educate the schoolteachers, yes, I think there must be a program to tell them what drugs are about. We must start with the schoolteachers and the parents, and once we get them to understand maybe they can understand what the drug program is.

Chairman **Pepper**. Thank you.

Mr. Wierzbinski.

Mr. WIERZBINSKI. I think this committee is at least, apparently, trying to deal with, primarily, prevention. Unfortunately, too often we attempt to deal with problems after the horse has escaped from the barn. At least in this area there is some attempt to talk about prevention.

However, we do need a variety of treatment programs for kids already on drugs and perhaps many of these should be centered in the school.

What is happening, currently, is a variety of programs is developing, some of lesser and some of greater quality, with very little cooperative planning or cooperation.

Programs, for example, are developing all over the suburbs. A kid from one municipality can go to the treatment program while another child can't go, depending upon the economic financing of the program.

The other point is there is some indication children cannot relate to adults. I reject that totally. Good, stable adults still can have an important effect on children. You know, kids are not only talking to kids. They are talking to adults that they can trust and adults that they can respect. Supposedly these are our schoolteachers, supposedly these are our ministers, and supposedly it is us as parents.

I think we need to develop a corps of these kinds of people, too.

Chairman PEPPER. Gentlemen, you have made a magnificent contribution to the work of our committee and we thank every one of you for the time you have given us and the valuable contribution you have made.

The committee will take a recess for 10 minutes.

(Mr. Sherman's prepared statement follows:)

PREPARED STATEMENT OF DENNIS SHERMAN, PUBLIC DEFENDER, COOK COUNTY, ILL.

In talking with my high school clients, I have found that the quickest way to gain rapport with them is to talk dope. No high school student I have ever talked with is ignorant of drugs and their availability and that knowledge seems to cross all racial, ethnical, economic and geographical lines. It is my opinion that you can score in a high school today as easily as older generations could buy notebook paper. Dope is part of the school supplies which high school students buy today.

The sellers are not the dark shadowy figures slinking about the swings and jungle jims in playgrounds, but your child and mine. Pushing dope is a surefire method for making money and as safe as delivering newspapers . . . well, in Chicago probably safer. For one of the high school student's highest ethic is not to inform on another student. This accounts for the infreqency of drug arrests in our high schools since the near unanimous cause of street drug arrests is informers. On the street every junkie is an informer, because every vice cop is a potential supplier.

In dealing with this problem we must understand that we are dealing with an autonomous sovereign nation. A nation whose citizens speak a different language, dress differently and have a different life style than we do. A nation which does not recognize the validity of our drug laws maybe because of the illogical selection of which drugs are illegal and which legal. A selection which seems based solely upon a cultural bias rather than on scientific evidence. Our latest history lesson has taught us the foibles of trying to impose our will upon another nation. We must realize that our influence is merely advisory.

We could use gestapo methods to stamp out drug abuse. Every child could be strip screened upon entering and leaving school, urine samples would be taken daily, lockers would have clear plastic doors, television cameras and microphones would be set up throughout the corridors, classrooms and washrooms, dogs trained to detect the scent of marijuana would roam the halls and dropouts could be hired by the Federal Government to work as informers. As absurd as all those proposals sound, there is no doubt in my mind that there will be educators advocating several of those proposals. I would expect any such actions to be met by high school students with extreme resistance and repugnance.

We could on the other hand face the problems and try to deal with it maturely and rationally—certainly that would be a refreshing change. We could reassess and re-evaluate the scientific data on the effects of certain drugs. I am referring of course to marijuana—calling marijuana a narcotic drug is not only hypocritical but contrary to most scientific evidence. Since we are dealing with a sovereign nation, communication on the level of hypocrisy is a request for a lack of understanding. We could re-examine the drug industry which floods the illicit market with amphetamines and barbiturates which have little or no medicinal value. We could make available to our schools drug abuse information and programs and I'm not talking about programs which seem to draw from the old horror comic books which kids laugh at—no I mean adult information.

Finally there is the problem of symptoms and disease. We, in America, have great difficulties in understanding the distinction. Is it because we can see and feel symptoms, but disease is not perceptible to our senses and therefore being pragmatic people refuse to believe what we cannot see or feel. Dope and its abuse is a symptom, emotional and characterlogical disorders are the diseases. Yet in terms of adolescent mental health facilities, we are in a waste land, there are practically no facilities, no doctors and no workers. If we accept the obvious that there is a drug problem in our high school, and I'm sure this committee will hear sufficient evidence on that point, let us remember the causes. Giving information of drug abuse to emotionally disturbed children is like convincing a psychotic that he isn't Napoleon, unless we give correlative therapy, to prevent drug abuse we must cure the disease to end the symptoms, not eradicate the symptoms and expect the disease to disappear.

One of the failures of our species is our inability to transmit experience from generation to generation. We call the accumulation of experiences history, but unfortunately history seems remote and irrelevant as to time and place. So we are unable to prevent even our own children from making the same mistakes we did, nor can we prevent their suffering from their mistakes. All we can supply them with information by printing the skull and cross bones on dangerous drugs, we can counsel them, support them and try to cure those emotionally disturbed and then hope to God they make the right decision.

Chairman Pepper. The committee will come to order, please.

Counsel, will you call the next witness.

Mr. Phillips. Mr. Chairman, the next two witnesses are Dr. Harold Visotsky, professor at Northwestern University, and Dr. Edward Senay, who is the director of the Illinois Drug Abuse Program.

Gentlemen, would you please come forward and be seated.

STATEMENTS OF DR. HAROLD M. VISOTSKY, PROFESSOR, DEPARTMENT OF PSYCHIATRY, NORTHWESTERN UNIVERSITY, AND PAST COMMISSIONER OF MENTAL HEALTH, STATE OF ILLINOIS; AND DR. EDWARD C. SENAY, DIRECTOR, ILLINOIS DRUG ABUSE PROGRAM

Mr. Phillips. Dr. Visotsky, would you tell us what your thinking is in relation to the extent of the drug abuse problem among school people and tell us a little bit about your background which would give you a basis for having this information.

Dr. Visotsky. First, I am professor and chairman of the department of psychiatry at the Northwestern University Medical School. Before that, that is prior to becoming the chairman of the department at Northwestern, I was the director of the Department of Mental Health of the State of Illinois, commissioner of mental health in Illinois, and had at times opportunity to testify on the status of drug abuse and problems of mental illness across the States of our country.

I think the problem is extensive. You know, I am belaboring the point if I continue to tell you that the problem of drug abuse in schools at the primary, middle school, and high school level is extensive. I think it is a problem that I would only ask you not to take out of the context of the problems that all youngsters face currently.

This is a very fast-moving, complex world. They run from one point of being nonconformists into the arms of conformity, and yet we are all subject to that. Everyone sitting in this room, who somehow wears his hair just a little bit longer than he wore it 5 years ago, or 4 years ago, runs with the herd, and we all do that.

I think it is very important to understand that, hopefully, we can build in systems that can allow youngsters to run with the herd for good principles as well as the destructive ones. Currently, I think they are running with the destructive ones.

Maybe it is because our system, not only our school system, is teaching them to be cynical. We start programs and stop them. There are kids in the schools across the country who had school breakfast served and the program stopped for a couple of years and starts again. They learn to be cynics as being part of the program, part of the organization, and they learn very early to be anti-institutional because the institution, itself, is inconsistent.

We pride ourselves in this Nation that children are our most significant resource and there isn't one major program that is run consistently enough to give them an indication that children are our most prized resource in this country.

I think it is part of the fact we do not have a national commitment toward our children. We only worry about them when they get into trouble. When they get into trouble, then we want a single solution. If it is this year's drug abuse, then we want to stop drugs. If it is next year's delinquency, we want to stop delinquency.

But there are predisposing problems, problems which predispose kids getting into difficulty. The kids who are drug abusers have been in trouble, as you have heard before, and have been clearly identified as having problems. I am not talking about emotional problems.

"Emotional problems" is just another label, but they are dysfunctional children. They are not coping with life's stresses as adequately as we want them to.

If you are going to ask me, is the school at fault and is the school the place to teach them about drug abuse, the answer is, the school is only a site. It is the place where the action is. And if it is the place where the action is, that is where you take the programs. But I would be very careful before I imposed that on an overwhelmed school system that is already worried about its ability to teach them programs to make them relevant as citizens and human functional beings.

Because there are many people who would say the school system is not relevant to teaching them with the new complexities of life. They teach them to read and most kids get their messages in 30 seconds on television. If you don't get your message across in 30 seconds, it is gone.

So there is a new ball game going on and I think we have to be relevant as to how we teach kids to cope with the problems and complexities in life.

I am not quite sure the school system can do it. To add another——

Mr. PHILLIPS. If they can't who can?

Dr. VISOTSKY. I don't know. That is the most honest answer I can give you. I don't know. I think it will take a combination of people in the behavioral sciences, like myself and others. I think it will take that plus interested teachers.

I heard some of the public defenders and some of the prosecutors who, not by what they do but by the way they said it, are committed people. So it takes a variety of committed people who somehow—it is not the words, it is the music that gets across to these kids, to say, "I care."

Mr. PHILLIPS. It seems to me almost disgraceful for a country to have a program originating in the district attorney's office after a kid is arrested and have no program in the school before he is arrested. You are talking here about the district attorney, whose main function is to put people in jail, taking time out and taking resources out of his main function and he is starting an educational program, a reclamation project, to save kids. The schools haven't done it. It seems to me the resources should be in the schools, not at the end of the criminal justice system.

Mr. RANGEL. Doctor, let's put it another way. All right, you said do not overburden an already crippled system that may not, in fact, be able even to deliver the basic training skills. Suppose I agreed with you and said, yes, throw that additional burden on them and if we, in fact, can determine that this system is not functioning anyway, because in my district it really wouldn't make any difference how many more burdens I put on them, the product is not ready for high school, the high school product is not ready for college, and so perhaps the educators would wake up and understand that they have to start asking for things other than merely increases in pay.

In other words, I would hate to believe that you would ask the legislators, or the politicians, they say to you, you are overburdened and so therefore you should slack up. If we assumed an oath, we pay dues. And we have excuses as to why we are not producing, but the voters somehow don't care when it comes time. They want to know, did you produce or didn't you ?

I agree with you that, to the dedicated teacher, it would appear that we haven't given them enough State assistance and now we are saying, in addition to that, you must assume some of these problems of society. But wouldn't you agree, as our chief counsel has said, that if you don't go there—and we are not going there giving them the burden, the chairman insists when we go—this is possibly the only chairman of the only committee that goes—how much do you think you would need to do it, and each time we are turned off by "money won't do it. It is not our problem, you know, society is throwing it to us."

We are merely saying that if not the school, where? And if, in fact, the school system is not relevant, or not giving the basic skills, how could we work it out so they could do both.

Dr. VISOTSKY. I think, if I understand the strategy, it is that you give them the responsibility that they are charged with, that is education, and I presume that what I would say, "education for what?" And maybe we have to expand the philosophy of what we are educating our children for. Because I think that we do build in cynicism. There is no sense learning how to read if they learn the numbers and find people are discriminating against certain groups and you can't get th job you are supposed to be learning to read for.

I think that part has to be relevant and I presume it is. The Congress does monitor the rights and the privileges of individuals. What I was trying to say is that to merely impose upon them this duty, this responsibility, is to build in failure and maybe the strategy is if you build in enough failure, the system topples and you take another look at it and you reorganize it.

Mr. **Phillips**. You say impose a responsibility on them. Don't you say they have the responsibility now?

Dr. **Visotsky**. I don't know. I really don't know. They may not see it. The responsibiilty for education for life cannot be put on the teacher alone—that's our copout.

Mr. **Phillips**. They may not see it, but what do you see their responsibility is to be when a kid comes in, he is on a course of health, or course of conduct, that is going to destroy himself; that he is going to destroy his life by crime or other types of degradation; he is going to drop out of school and become a ward of the State. What responsibility does a teacher have at that stage?

Dr. **Visotsky**. I will have to answer that as Mr. Sherman did. You don't answer that in the role of a teacher. You don't answer it in the role of a psychiatrist. You answer only as a human being.

Mr. **Phillips**. I asked you what the role of the teacher was, the responsibility to be when a kid comes in, he is on a course of health, on the teacher we are going to overburden the system. Isn't the responsibility already there as human beings, if you want to make a distinction?

Dr. **Visotsky**. Yes.

Mr. **Phillips**. Certainly, the teacher has a legal, if not moral, responsibility.

Dr. **Visotsky**. I think you are right. I just didn't want to quibble about the answer. My concept was that many of the teachers are not capable of teaching in this particular area. They project onto the students their own particular biases and prejudices, and they use scare phenomena, which the youngsters see right through and discard all the information.

The youngsters say, "You don't read the drug literature." If they do any reading, they read the literature.

When the story came out about the marihuana and fractures of chromosomes, they were the first ones to find out the lab data was erroneous, the experimental data was done poorly. The fractures were not because of the marihuana, but because of the way the program was done. Most of the kids quoted that literature to me.

If they read anything, they read that literature, and you can't use fear phenomena.

Maybe the school system is the place to educate, but maybe not by those kinds of educators, because they will not assume that responsibility.

Mr. **Murphy**. Doctor, don't you think what we are dealing with today, to a great extent, is the product of too many doctors and too many psychiatrists?

Dr. VISOTSKY. No; this Nation has one of the lowest quotas of physicians and psychiatrists per population among advanced nations.

Mr. MURPHY. You have the book by Dr. Spock and now are enjoying the results of raising kids under his philosophy. One of the important things that we have found out from both our hearings, in New York and in Miami, is that the children are craving for discipline. They want to know where the line is. They are begging their teachers and administrators for some discipline that schools don't seem to be able to handle any more.

Now, maybe the community isn't backing up the schools. Maybe we are all at fault; but, time, after time, after time, the children who have appeared and testified before us were saying, "Please give us some discipline. Please show us the line where we can't cross."

I think, as a result of Dr. Spock's philosophy, maybe our teachers have said, "My job is here from 9 to 3. I teach math. I teach spelling, teach reading, and whatever else crops up I have no personal interest in."

A reporter for the Chicago Tribune wrote a series of articles about his trip down South. He was a black reporter and he had a reunion with a person who had a great influence over him—his fourth grade teacher. He said that she went out of her way to make sure he learned and that, when he didn't learn, he would have to stay after school to get what he missed.

I don't think we have this any more.

Maybe it is because of the population explosion, or that our schools are overcrowded, but if this be the case, don't you think the educators should be the first to recognize it and come before the political bodies like the State legislatures, or if they are overburdened then the Federal Congress of the United States, to ask for this money?

Dr. VISOTSKY. I think you are absolutely correct, to the extent that we should be asking for more money. Let me just tell you where I differ with you.

I don't believe that all teachers read Spock, nor did all parents. They threw him out with other kinds of material. I don't believe that it is an answer of just simply permissiveness or lack of permissiveness. I don't think it is the fourth grade teacher who kept you after school because she cared, because there are a lot of things that have changed since that time.

The family who may have had a grandfather or uncle, or aunt, living in that focal family, now lives in a one-bedroom apartment, crammed in somewhere. Families are more dispersed. It is more mobile. It is a population explosion. Fathers used to come home at 5 o'clock. Now, they come home at 7 o'clock. It may be a problem of the transportation.

All I am saying is, you can't go back to a single variable and say things aren't the way they used to be, because the world has exploded and we are products of that explosion.

To try to look for a simple solution to a complex problem will only get you by this year, or only get you by this funding period, because I think you see the failure right up the road. And I am not a voice of doom.

Mr. MURPHY. We are not looking for total solution, we are looking for the first step in the long journey to the end. So far the suggestions have been on the negative side.

For the first time, three educators appeared before us and said, "Yes, we have a problem." One of them had a solution with a night school class for dropouts and those suspended. Another is an enlightened educator knows he has got a problem. But, really, Doctor, after all of our travels, these are the first three that have really come forward with anything positive. What does that speak of?

Dr. VISOTSKY. I think it suggests wherever you allow people to be creative and innovative, you will get responsive, whether in States' attorneys offices or in teachers. What happens is that those people get burned out if the program does not grow. I ran a State program for 6 years. Innovative people get burned out because when you start an innovative program which is called "the pilot," you find that you never get it into production. Somehow Congress finds newer crises to fund.

Mr. RANGEL. Doctor, I don't see how you can get burned out before you make the demand. We heard of a prosecutor who obviously—someone was complaining in the office, saying you shouldn't really just send these kids to jail, and they started something new.

Now, when the United Federation of Teachers has its convention, I don't even think that they have taken that one step to get burned out. I can appreciate what you are saying, the good guys don't last too long, especially when they don't get too much help, but I have just never heard of any profession being so silent in terms of demanding services for their charges.

Nurses are screaming, and firemen, for things they think they need to do a better job.

Dr. VISOTSKY. Let me make this quite clear. I think this is a problem that faces the school system, and they must, like any other professional group, say this is a problem. To deny it——

Mr. RANGEL. That is the problem.

Dr. VISOTSKY (continuing). And not ask for help, I think, is criminal. That part goes without saying. But the point is, can you build a system that has some reasonable feedback for success?

Chairman PEPPER. Doctor, I know John Dewey propounded the influence of the educational system of this country for a long time. Here we have all over America, and right here in Chicago, some of the outstanding universities, the University of Chicago, Northwestern, and Northeastern, and the like, all over America, great universities have been outstanding in the teacher educational field for a long time.

It would seem that somehow out of those great thinking plants would come innovative ideas, that they would be able to propose the necessary innovations in the school system that we now have and would come up with some proposals as to what needs to be done.

When I ran for the U.S. Senate for the first time in 1934, the first plank in my platform was Federal aid to education. I was born and reared in Alabama and saw the need for it in my State and community. I lived to see the day when I had the chance to vote in the Senate and later in the House for those programs, but only in the last few years.

In the relatively recent past, Congress appropriated a sizable sum of money for elementary and secondary education.

Now, this area of the drug problem is just emerging, apparently, into the consciousness of the country.

I believe our committee is the first committee of the Congress that has really gone into the problem, and our first hearing was late June in New York, then Miami, and now here. We are going to be in San Francisco and Kansas City, Kans.

But nobody asked us to travel over the country to see what could be done about it. Our interest started, I believe, with a television broadcast produced by an NBC investigative reporter in New York, who burrowed into the problems of the school system in New York. Mr. Rangel and one of his colleagues from New York, Mr. Brasco, urged us to go into the area of student drug abuse and the committee finally decided to do it.

That problem is all over the country and, as my colleagues have said, you would have thought the school people would have been pleading for help: "You helped us in these other areas, not enough, but you helped us some, now we need help in this area." In too many places, the school authorities don't think this is their problem. They want to deny the existence of it.

There is no use kidding ourselves. We don't have nearly enough facilities outside the school to treat these young people that have already manifested use of drugs in the schools. If we don't find some way to give them treatment and rehabilitation programs, correctional programs, and preventive programs, if we don't find some way to do it in the schools, it will take years before we can ever set up enough new facilities. In the mean time they will have matured and hardened, and many more of them will have become addicts.

We learned from juvenile court judges that about 50 percent of the young people that go into the juvenile court and are adjudicated there, later on wind up in the adult courts, in the penitentiaries, and the adult prisons.

So this is a critical time and an impressionable age. One of the gentlemen thought the third to the sixth grade was the most impressionable age, but surely we all agree the school system, which holds the student through high school, is the critical period to keep them from joining the army of half a million addicts already in the country, keep them from being the new recruits.

Now, what can we do? We were hopeful that here in Chicago, where some of the great universities are, and people like you who are great leaders, that we could get answers. Is it possible to design a program that can be implemented in the schools if they had the money to do it. If so, you have the ability, what you need is the money. Then you can appeal to the legislature and you can appeal to the Congress, and the local authorities for the money to implement the program.

But when Congress starts appropriating money, they want to know what you are going to do with it and so do the other authorities. So the problem now, it seems to me, is that it is up to the educators to tell us laymen, as my colleagues say, what can be done by you and knowledgeable people.

Dr. VISOTSKY. All right. What I said to now was part of the background, so that what I have to say, perhaps, can be taken in the right context, because too many times people come before you and promise you everything, and what you really want is some delivery, some hope that effect programs and begin to bear results.

I happen to think that the school system is a site for action because that is where the action is, and it doesn't necessarily mean that the schoolteachers or school personnel have to do the teaching because sometimes they are not capable of doing it. I think it is a good place to incorporate education for youngsters.

I think you can start fairly early, and whether it is three to six depends on the community. It depends on what the street knowledge is. In some communities, kids don't get it until they are 12. In some communities, they get it at 5 because they are runners for pushers, and traffickers, and they know all about it.

So I think it has to be related to the particular community. I think you can have programs and you can use rehabilitation counselors or ex-addicts to tell them the story to tell them the real facts, tell them what the problems are. I think you have to build alternatives to the kinds of drug-usage programs. That is, I think where kids need other kinds of activities so they don't get involved in drugs.

I think to a certain extent the more crowded the community the less resources there are in those communities. They don't have parks and they don't have sports programs, and they don't have recreational programs. Either that, or the same kids go to all of the programs. There are the kind of square kids that get shunted out and they are the members of all of the special programs.

But there has to be a design to catch youngsters, to link them into some worthwhile, some feedback that has meaning for them.

Chairman **Pepper**. Doctor, is there in the school system of today an inspirational aspect? I mean, you have got to make these young people decide they want to change their way of life. Some of them, apparently, decided it themselves. I mentioned a school principal, an inspirational influence he had upon me and all of us that graduated in the senior class of a high school in a little town in east Alabama.

He just had that genius to make us want to do something. Although, now, I am afraid that in the school system the teachers are too overburdened with the numbers and other problems. Other than in the field where the coach stimulates the players, some of the pep rallies, and the like, and we don't seem to be inspired as much as we used to be. Where is the element of living, of making you a finer person, of inspiring you to achieve character as well as competence? Is that element in the schools today?

Dr. **Visotsky**. No, I don't think so. But that is no reason why you can't build that into the school system. Remember, the people who went out of this country in terms of the Peace Corps were the people who had that kind of enthusiasm to encourage people who were down and out to really pick up and start.

I don't know, maybe you need a school-oriented peace corps that says to kids, "Look, we are going to help you decide and design the kinds of programs because we learned how to cope with the stresses of life. Maybe we can teach you." It doesn't have to be done by professionals. I am not pushing psychiatry or mental health because I think in many ways it is too easy to label a kid as having emotional problems so you can discard him and his problem right out of the school system.

Chairman **Pepper**. Doctor, I can imagine the possibility, if some schools on an experimental basis, could find some inspirational teachers. They don't have to have a Ph. D. or a master's degree, but some teachers who can inspire young people to want to be themselves. I got a suggestion the other day from a retired teacher, that a good many retired teachers could be brought back into programs like this. Those not too old to participate, if they are carefully selected and they are the inspirational type, could inspire children.

I can foresee the possibility if we could get some of these activities started, sort of ancillary to the school system, in some of the schools that whole thing might recount and affect the student body generally that somehow or other they were getting something in that course that So-and-So was giving over there.

I know, my two colleagues were with me at the Seed program in Fort Lauderdale, Fla. There were 300 or 400 of these youngsters there, and to look at their faces and see the light, and then to hear them sing those songs, was beautiful. I know when I was there on an earlier visit, I asked them to sing "The Battle Hymn of the Republic," which is one of my favorite songs, and they rose and sang it. And when I left that evening, standing on a little platform and telling them good-bye, they rose and sang it again. It brought tears to my eyes. These youngsters just had something.

The man that is running this program is a former alcoholic, yet has been able, some way or another, to stir these students up. Now, boys and girls like that kind of thing. They respond to that. They have rapport with their peers and if we could start these programs, it would be really supplying something they lack in the main school. They might have a profound influence on the whole educational system.

Dr. **Visotsky**. You know, one of the things I observed is that most youngsters try and find solutions for themselves. Sometimes we see that as problems, but if you take a step back and look at it, kids, for example, get involved in communes. Kids get involved in—well, you see the "Jesus" freaks, and the Jesus movement for example, but what you have got to look for under the surface is that kids that live in communes want communes because they miss family life. You don't need a social worker to tell them their family is broken up. They want something to replace it. They don't want a diagnosis. They want treatment, so they find a treatment themselves.

The gangs, that is a family. They have more loyalty to each other than anyone in their whole lifetime has been loyal to them.

Mr. **Rangel**. They are somebody to each other.

Dr. **Visotsky**. They are somebody to each other. You find most of the gangs, even though they start out maybe with a lot of illegal activity, will not use drugs. They try and screen it out because they care for each other and they take care of each other.

You have got to take this emphasis, because you have got to work with kids in small groups. You can't do it on a single system basis, you have to link people together. Congressman Pepper, that man's program works because he has welded a group for himself. Ask him to do it for 4,000 people and he will fail. There is a problem of critical mass, you see. You have to get the people to work and have some relevance, because the world has become so complex, and we are in a sense so alien, so distant. The more we get crowded together, the more we put an emotional distance between ourselves.

Mr. **Rangel**. How do you describe it? I assume, that since God made man that the world has become more complex, and I assume every generation has said that things were never like that when they were kids. But I can't talk with anyone, ex-addict, or people without any training, that are not talking about we have to eliminate the self-hatred and the self-destruction and you are the only person that hasn't used a lot of technical, emotional-disturbances language, and you are the expert.

Dr. **Visotsky.** If you want technical language, I will give you technical language. I think it has to be useful to us in terms——

Mr. **Rangel.** No. I do not want technical language in order to determine if a person wants the gang because he has no dad, if he wants to hang out in the street because it is too darned hot in that little apartment with five other kids, if he wants to be accepted with a group that is doing something which appears to be adventurous. Is he in need of psychiatric treatment?

Dr. **Visotsky.** No, sir. Nor would I suggest that he would, nor would I suggest it be labeled. But you will find members of such groups who are seriously and emotionally disturbed and I have had gangs come to me and say, "Benny is really crazy, and we are worried about him. Doc, will you take care of him because I think he is going to get into trouble."

Mr. **Rangel.** Emotionally disturbed people, some go to Congress, some become doctors. The fact that some become addicts doesn't necessarily mean that all of them are. In other words, what I am saying, Doctor, is I have seen some extremely bright youngsters who appear to be adjusted according to my square standard, and yet I know that sooner or later they are going to be hit, because in order to live in that block he has to be accepted. And yet if I would take him to some rehab clinic, whether the director is a doctor or whether he is an ex-addict, they are going to tell the youngster that he has to sit around and rip each other off and deal with the problem that he is trying to hide, and if the kid is there as a court referral he will go through the motions with them.

But some of them go through the motions in these therapeutic clinics in order to be accepted by their new peer group, who are now supposed to be ex-addicts.

Dr. **Visotsky.** I would agree. One of the things that has bothered me about major drug abuse programs is that a lot of ex-addicts have found this as the only useful way of being useful citizens. It is okay and I like it, but we have a lot of "useful citizens" that are being generated up the pike. And I think we have got to divert some of them into other jobs and other forms of usefulness. And I think Dr. Senay knows more about it than I do.

But they are useful and they talk the language. And they, least of all, label each other as being mentally ill or disturbed. They say you are just not functioning right, you are not coping right, when you get yourself into trouble, when you run around holding yourself, because you don't know where you are going to get your next fix, and that is what life becomes, living from one fix to another, man. That is not living and they are able to say it.

I can give another kind of term about coping behavior and so on, but they are not making it. So they help each other. I think that is very useful. But somewhere we have got to get beyond—these are the kids we are pulling out, we have to find who is throwing them in.

We are pulling them out. Some are drowning. Yes, you say, a very significant number.

What I heard you gentlemen talking about, you, like a lot of us, would like to cut down on the incidents, cut down on the pressure that drives them to the brink. And I think you have to help kids and families to cope with the stress of life.

Mr. **Murphy.** What do you do, Doctor? Where do you start?

Dr. **Visotsky.** I think you have to start in every place you can. It is a complex answer. You have to start at home, you have to start in the churches, and not to have people point their finger at them and tell them what they are doing, but to tell them how to do it right. Too often, in churches, we tell people what they are not doing instead of helping them do it better. The quality of the training must be a part of school education.

Mr. **Rangel.** How can you tell a kid, like Morgan, and I always say, what do you tell your kid? How do you tell your kid how to cope with the stresses of life, when you don't know how to cope with the stresses of life?

Do we all have to hit the couch?

Dr. **Visotsky.** No, but I don't think you can say you are not coping with the stresses of life, because your kid probably says, "Dad, you are making it," and my kid may be saying, "You make it most of the time."

Mr. **Rangel.** It doesn't work because we have had testimony from people who apparently possess what we thought was the ability to deal with their child, and they tell us that their child was on junk for 3 years and they didn't know it.

Dr. **Visotsky.** Well, you know, Mr. Sherman was incredulous. I am incredulous, too. When a kid is on junk for 3 years and the parent doesn't know it, I am saying the parent is walking around with one eye closed and one eye on something else. Okay?

Mr. **Rangel.** Okay.

Mr. **Phillips.** I tend to believe, you have the parents testify, and their backgrounds, and they have five children and they will describe circumstances and symptoms which they misread.

Dr. **Visotsky.** I am not saying they are not upright citizens.

Mr. **Phillips.** I am saying they misread it. I believe some people just don't know it. They don't know the extent of it.

Mr. **Rangel.** A witness in Miami said—talking about his daughter—she was so irritable at times, when the family was going some place and she said she would rather stay at home, he was very happy because she wasn't going to be with them and disrupt the family unit. He found out later that this is how she would get away in order to take dope. And I think it could really happen to anybody.

Dr. **Visotsky.** I am not saying that can't happen to anyone. I am just saying they are misreading it or they do not want to see what is going on. It is very difficult, when you are busy and come home tired, to talk with your kid about what he is doing and what he should be doing, and how you feel about it, without getting into an argument.

I am talking about discussion. It is true for all of us. But some of us make it and some of us don't. And it depends, you know, on what crisis sets us off before we really get worried.

I think we need all of the indicators we can have. This is why I say if a teacher calls up a parent and says, "I think your kid is nodding at school and I am seeing a lot of behavior," and the parent says, "I am going to sue," the answer is, "Sue me. I am ready to tell it in court because what I did was the legitimate part of my job." And if this isn't a legitimate part of her job, we had better make it a part of the job, at least give her that coverage to say she can do it if she wants to.

There may still be that 70 percent that say, "I don't want to get involved." But where someone wants to, I think that teacher ought to be able to do it and the parent ought to be able to hear it, and the parent say, "Maybe I didn't notice it. I will look a little harder."

Mr. **Phillips.** Dr. Senay, I would like for you to tell the committee what your particular job is and its responsibility toward drug abuse.

Dr. **Senay.** I am director of the State drug abuse program.

Mr. **Phillips.** Could you tell us generally what you view the scope of drug addiction is among young people in Illinois?

Dr. **Senay.** It is very difficult to say with any scientific precision and one has to speak from a point of view of an opinion, and I think an informed opinion.

I think we have a substantial social problem. I don't know that it has sometimes the historical dimensions in which it is being currently reviewed, but it is certainly a substantial and real problem, and one which we must address ourselves to.

Mr. **Phillips.** One of the things which troubled me when I got to Illinois, but didn't trouble me in New York and Florida, is there doesn't seem to be any statistical evidence here available to indicate how many drug addicts are estimated to be in Chicago. One estimate this morning was 10,000 to 50,000.

Dr. **Senay.** Well, one of the research objectives of our program, which I think we are really making progress on, is the development of techniques that are scientifically reliable. Questionnaires, as you gentlemen are probably aware, are not all that solid evidence, and we feel we have developed some techniques which may really enable us to state with some degree of decision how widespread drug abuse really is, and we are in the process of trying to use that to reduce heroin epidemics.

Mr. **Phillips.** When will you have this evidence available?

Dr. **Senay.** We have just published, I think it is in the August issue of the AMA Archives of General Psychiatry, a lead article about the epidemiology of our program and the October issue, we have on the——

Mr. **Phillips.** I am familiar with the work. I have read it, talked with the people who conducted the study, and there is nothing in there that indicates the number of addicts in Chicago, or in Illinois.

Dr. **Senay.** From a statewide perspective or citywide perspective, you are quite right.

Mr. **Phillips.** How many, today, in Illinois?

Dr. **Senay.** The technique is not available to determine this figure.

Mr. **Phillips.** You say you reject the survey technique?

Dr. **Senay.** The survey technique is probably better than nothing.

Mr. **Phillips.** Have you made any attempted survey?

Dr. **Senay**. We are in the process of doing this.

Mr. **Phillips**. Do you know how many overdoses per year in Cook County, or Chicago?

Dr. **Senay**. That is a highly difficult question to answer. For example, if a man is shot and if he also has narcotics in his system, how do you write the cause of death.

Mr. **Rangel**. You don't say it is an overdose?

Dr. **Senay**. Some people do. I am trying to point out the difficulty of assessing the true dimensions of that problem.

Mr. **Rangel**. We don't do it that way.

Dr. **Senay**. The perspective for me with State responsibilities for drug abuse is to adopt the position we have a very real and substantial problem.

Mr. **Rangel**. So I can receive your testimony in context, could you tell me when last your profession witnessed an epidemic, or health, or crime problem that your profession considered to be hysteria?

Dr. **Senay**. There have been various fads with the different drug populations that I am just trying to keep perspective. There are a lot of kids who aren't using drugs.

Mr. **Rangel**. I am hysterical. I want to find out when was the last time your profession reviewed a problem that you really thought required someone to be hysterical about it.

Dr. **Senay**. My point is, it doesn't get anybody anyplace to overevaluate the problem.

Mr. **Murphy**. I disagree with you there. I went to Vietnam——

Dr. **Senay**. We have to make response to a very subtle and complex problem.

Mr. **Rangel**. The President of the United States is saying that he is ready to cut off military aid and economic aid to countries that are not cooperating. That means all NATO contracts go down the drain, and all of the fight for democracy in other countries goes down the drain. Is that hysteria?

Dr. **Senay**. I am puzzled by your focus on the hysteria. It isn't sufficient. I think we have a very substantial social problem and what you are really doing is looking to bring about a solution.

Mr. **Phillips**. If you don't feel there is an epidemic in this country—and the President believes there is a national emergency—then you are not gearing up to do the job.

Dr. **Senay**. I said we have a very real and substantial social problem which we must address ourselves to.

Mr. **Phillips**. How severe?

Dr. **Senay**. Very severe and very urgent. I was trying to respond to your question to me as a professional: What is the real extent of the problem? I am trying to indicate to you, I can't be precise about it. I think we have a real problem and it is urgent.

Chairman **Pepper**. In New York and also in Washington they estimate the number of addicts in relation to the number of deaths provable to have been caused by heroin. There is a certain relationship that they estimate.

Dr. **Senay**. I am familiar with that.

Chairman **Pepper**. Have you tried any techniques like that as a basis of forming an estimate as to how many heroin addicts there are in Chicago?

Dr. SENAY. We have not elected to use that particular technique. Again, we have questions. I know Dr. Dupont uses that technique, and I say I have very high respect for him. I know him. But we have not elected to use that technique.

Chairman PEPPER. But in order to grapple with the problem don't you more or less have to know?

Dr. SENAY. I think, basically, we are on the same side. I believe we have real, substantial, and urgent problems.

Mr. MURPHY. When you respond in the clinical conversation—and I am not faulting you for it—it reminds me of a time I went to Vietnam and talked with a Marine general. He said, "Oh, yes, we have a bit of dope problem, but we dishonorably discharge those young men." About 1,400 in 1 year. These are fellows dishonorably discharged and lose all of their benefits, and can't go to a VA hospital if they want treatment.

That was his way, in a very calm voice, of handling that problem. They said, "Well, it isn't as bad as a lot of people think. We have taken surveys and we have taken urine tests." And that is the biggest joke I have ever been a witness to. These fellows, when taking their turn driving trucks, slip supplies up to fellows in the jungle fighting. They really found out the nature of the problem when they moved the 101st Airborne Division. The kids didn't have time to "up" their supplies when they went up to rescue the South Vietnamese in Cambodia and they came back with about 10 they described as killed in action, when the doctor, in fact, told me they were dead as the result of overdoses of pure heroin they picked up.

So one of the problems is that when professional people like yourself—and I feel you are doing a good job—respond in the clinical tone, it gives the lay people and people who might be listening to the program a kind of reassuring feeling that there is a problem, "but let's not get hysterical about it."

The only way to move Congress to fund programs, one of the only ways we are going to move the board of education, is through public pressure, and you don't get public pressure by holding someone's hand.

Dr. SENAY. I am a very active participant for public pressure to get funds for drug services. What I was responding to, and perhaps you gentlemen thought I was addressing this remark to you, I read newspaper accounts, 40 percent of our children in certain school districts are taking drugs. Now, there are some places in the United States—I think in New York City—where that happens to be the real case.

Mr. PHILLIPS. It happens to be the real case here in Chicago.

Dr. SENAY. And there are perhaps some districts here, but there are many, many districts where it is not the case, and I don't see anything to be gained from inaccurate responses to this very serious and very significant problem.

Chairman PEPPER. Doctor, may I ask you this: You are the director of the Illinois Drug Abuse Program?

Dr. SENAY. Yes; the director of the Illinois Drug Abuse Program.

Chairman PEPPER. What does that mean?

Dr. SENAY. It means that we have primarily a treatment system erected statewide. We have approximately 3,880 patients of widely different ages, social classes, ethnic backgrounds.

Chairman **Pepper**. That is for the State of Illinois?

Dr. **Senay**. That is right.

Chairman **Pepper**. What percentage of the addicts do you think 3,880 represents?

Dr. **Senay**. I think possibly between 10 and 20 percent.

Chairman **Pepper**. What about the other 80 or 90 percent of them? What is happening to them?

Dr. **Senay**. We have plans to reach a new population of people abusing drugs and we have plans to try to get them into treatment. I think the question you are really asking me is, is that going to do the job, or what is the real answer to this?

We have plans to get people, every person in treatment who needs treatment.

Chairman **Pepper**. In the first place, if you don't know the approximate number of people that you are supposed to take care of, it is difficult to know how to plan for them, how many facilities you need, how many personnel, and the like.

Dr. **Senay**. May I respond again? We have just developed the technique which will enable us to make that determination to our satisfaction.

Mr. **Rangel**. What was that technique?

Dr. **Senay**. This was the one I cited was published.

Mr. **Rangel**. How was that developed?

Dr. **Senay**. By contact with people.

Chairman **Pepper**. What is the technique?

Dr. **Senay**. The technique is to link up with the community and get to link up with drug-using persons in the community. That way, you gain some knowledge of what is happening and you gain the community force on your side.

Chairman **Pepper**. Do you think that is the best way to find out the the number of people.

Dr. **Senay**. Yes. There are a lot of different aspects to it.

Mr. **Rangel**. Someone just testified that one of the things about addicts is they don't rip each other off by identifying who is an addict.

Dr. **Senay**. You can identify the pattern. You don't have to get identities, but you can get some reasonable estimate of how many people have been affected in the middle of an epidemic. I think this has been demonstrated.

Mr. **Rangel**. Someone else told me that statements made by addicts are the most unworthy statements.

Dr. **Senay**. Given my professional experience, I am, of course, acutely aware of this. We have validation of this through testing techniques and cross-validation and prison records and direct testimony in certain kinds of situations that we must trust more than others.

Mr. **Rangel**. Your technique, your method, has it been used before?

Dr. **Senay**. No. As I said, it is just now in the process of getting honed up so we can state in confidence; so I can answer you as a professional.

Mr. **Rangel**. Has any other city or political subdivision used this technique for addicts?

Dr. **Senay**. Well, there is one exploration in San Diego along the same technique.

Mr. Phillips. They are not using that technique. They did the study, wrote the report, and are not doing anything with it.

Dr. Senay. I don't know what they are doing.

Mr. Phillips. That is your staff.

Dr. Senay. In San Diego.

Mr. Phillips. No. I am talking about right here in Chicago. They are not using that technique now to identify drug addicts.

Dr. Senay. I would differ with you.

Mr. Phillips. I was at your regional office talking with the people running the office, examining the charts. They have done nothing with it at all. They have just filed the reports.

Dr. Senay. I think there must be some variance in their reports. We have active plans.

Mr. Phillips. That is the trouble, Doctor. You have plans. Everybody has plans. No one seems to be doing anything. You had 5 years to come up with some estimate of how many drug addicts you had in Illinois.

Dr. Senay. If you permit me to finish. We have plans to wrap up our reduction of the heroin epidemic which would not have been possible without the construction of these epidemiologic techniques. It isn't a process that you can complete in a few weeks. We feel we have successfully reduced the epidemic and a key to it, and I think a key to my testimony, the coherence of the community was a key focus in our response.

Mr. Rangel. Are you saying drug addiction has been reduced?

Dr. Senay. We feel we very substantially impeded the progress of an adult heroin epidemic which we identified by this technique.

Mr. Phillips. You have less addicts now than before?

Dr. Senay. We identified 96, and as close as we can tell, there are 96 either stopped using or in treatment.

Mr. Rangel. When you say "96," what are you talking about?

Dr. Senay. In a small community here in Chicago.

Mr. Rangel. I don't understand the technical terms. You mean you took a small community and determined the number of addicts?

Dr. Senay. To study how one identifies exactly what. The very question you are asking us is one we are very much interested in. How do you know exactly what happens?

Mr. Rangel. And project that small sample on the general community?

Dr. Senay. We feel we developed a technique we have confidence in.

Mr. Rangel. Did I understand you to say it is your feeling the epidemic has been halted?

Dr. Senay. In that community; not in the country. I agree with you there is an epidemic in the country.

Chairman Pepper. You said you were the director of the drug program for the State of Illinois?

Dr. Senay. That is correct.

Chairman Pepper. Would you please tell us what your program is. Are your programs for the treatment, rehabilitation, and the prevention of drugs in the schools of Illinois?

Dr. Senay. As I mentioned to you, our primary focus as a drug treatment program is on treatment.

Chairman Pepper. What are you doing in the schools? What treatment and rehabilitation are you doing in the secondary and elementary schools?

Dr. **Senay**. We don't focus our activities in the schools.

Chairman **Pepper**. You mean by that, you don't really have a program?

Dr. **Senay**. We don't focus our activities in the schools per se. We treat drug dependent persons, and I must say, from our perspective, people who have dropped out of school are probably a much greater risk than those still in school. And I feel it is an error, probably, to charge the educational facility with responsibility for those dropouts.

Chairman **Pepper**. But you are treating in your program only 3,800 in the whole State of Illinois. I would venture to predict there are at least over 3,800 in Cook County or in Chicago.

Dr. **Senay**. I am sure you are correct.

Chairman **Pepper**. So if you are not doing anything in the schools, and you are not doing enough outside the schools; then the result is enough is just not being done.

Dr. **Senay**. I think something needs to be said. You imply no one is doing anything.

Chairman **Pepper**. I didn't say not doing anything, except in the schools. I believe you said you do not have a program.

Dr. **Senay**. We do not have a treatment program based in the schools. We have some exploratory models and we are addressing ourselves to the question of prevention.

Chairman **Pepper**. Have any of the school authorities appealed to you in Chicago, for example, for a program in the schools, or told you what the problem was?

Dr. **Senay**. Yes, they have. And the best that I could answer them is that this is an exploratory area, we are not at all sure what people call prevention in current-day terms. It usually boils down to drug education. We are not at all sure that doesn't spread the problem, not stop it, and I caution them to take a very close look, to regard it as a research area and make sure they have resources to closely evaluate the effect of whatever program they launch.

I am a concerned parent. I am a concerned citizen, and I feel the schools have a definite role to play, but to focus exclusively——

Chairman **Pepper**. To use what is the congressional equivalent, to appoint a committee when they ask for help——

Dr. **Senay**. I suggest they adopt the point of view——

Mr. **Phillips**. Doctor, I have been told—correct me if I have been misinformed—you are one of the most active advocates of a "no drug education" program here in the schools?

Dr. **Senay**. This is not correct.

Mr. **Phillips**. The Illinois Drug Abuse Program, where you serve, distributes the funds which are made available in the State of Illinois for drug treatment, rehabilitation, and education. You have argued extensively to use this money solely for treatment and rehabilitation, to the exclusion of education.

Dr. **Senay**. This is not true.

Mr. **Phillips**. What is your position?

Dr. **Senay**. My position is as I enumerated it. The issue about education about drugs in schools is a research issue and we should address it as such.

Mr. **Phillips**. Do you believe education, necessarily, is desirable, or do you think education is questionable in this area?

Dr. **Visotsky**. May I?

Dr. **Senay**. What do you make out of the experiences in which a drug education team goes into a school and parents call up, irate, afterward, saying, "My son is now smoking marihuana because the drug education team told him it wasn't dangerous," and other kids start fooling around with the drugs because the drug consciousness has been heightened?

Mr. **Phillips**. I assume it is a very poorly structured educational program.

Dr. **Senay**. My point is, if you are advocating we move, okay. I am just saying, let's be very, very careful we don't make the problem worse.

Mr. **Rangel**. Granted, because I don't know a darned thing about education. Who is going to do the research? Who do you suggest would research as to what would be the best program for these members of the board of education who came for help?

Dr. **Senay**. I suggested we try to get funds for staff work, to do——

Mr. **Rangel**. Where did you make application for funds?

Dr. **Senay**. My primary business is drug abuse treatment.

Mr. **Rangel**. I understand that.

Dr. **Senay**. But in some public bodies in which I am a member, I have argued constantly we get money to look at how prevention could be achieved.

Mr. **Rangel**. Whether you like it or not, people think you are an expert. If the teachers came to you and said they wanted to start an educational program for drug prevention, and if it is your professional opinion, which I am not taking issue with, that you should take a long, hard look before you bring this type of thing in the schools, how do you get the funds to take the long, hard look?

Dr. **Senay**. You make application to relevant public bodies.

Mr. **Rangel**. But you didn't believe it was your responsibility to draft or suggest how they do it, because, obviously, they haven't done it.

Dr. **Senay**. I acquainted parties that asked me with the possible sources.

Mr. **Rangel**. Did you work with or for Dr. Jerome Jaffe?

Dr. **Senay**. I worked with Dr. Jaffe; yes.

Mr. **Rangel**. Is your department being operated according to the guidelines that were set down by Dr. Jaffe?

Dr. **Senay**. Yes. He is the architect of our program.

Mr. **Rangel**. Because I am trying to project what the Nation has to look forward to, since Dr. Jaffe now has the responsibility on a nationwide level.

Dr. **Senay**. See, what you ask us as doctors is how do we fix it, and you want to move because there is an urgent public problem. It is a difficult situation. If we knew the solution, we could get right at that.

Mr. **Rangel**. Can't you refer us? We are not saying you have the answer.

Dr. **Senay**. Of course, I can refer you. I have some answers as a perspective.

Mr. **Rangel.** On the question of education in the schools, I recognize that the professional position is you may excite kids to take drugs that normally would not do it. That is your professional opinion.

Dr. **Senay.** Right.

Mr. **Rangel.** All I am asking is, if I were the teacher and I was really concerned about what do I do in a class, and you said, "Try to get some funds," where do I go after I leave you?

Dr. **Senay.** I have been a psychiatric consultant to school systems for substantial periods of time and have worked with teachers and I am aware of some of the problems they face.

Mr. **Rangel.** What do you recommend to them as a consultant?

Dr. **Senay.** It gets back to more funds to increase their general skills in human relations, to increase the number of special services available.

Mr. **Rangel.** We are saying we haven't heard any appeals from any group of educators in any State we have been in for funds for research.

Dr. **Senay.** Well, I can only say——

Mr. **Rangel.** And with the contacts you have with Dr. Jerome Jaffe, who is the President's expert, you know, I just don't understand it.

Dr. **Senay.** We think we are developing explorations in the area of prevention. We may not regard the schools as having the same relative value in a comprehensive effort as you gentlemen seem to.

Mr. **Murphy.** What is prevention? What are you talking about? You say areas of prevention.

Dr. **Senay.** To get some programs to find out how we might do it. Everyone agrees it is a goal.

Mr. **Murphy.** Why don't you start a couple of them?

Dr. **Senay.** We have. "Alternatives" is one in Chicago.

Mr. **Rangel.** What does that mean?

Dr. **Senay.** It is an attempt to intervene in the social system, to enlist the youths themselves in the process of responding to the lack of a sense of community, which we feel has something to do with the use of drugs.

Mr. **Rangel.** While they are attending school? This is a supplement to the school system?

Dr. **Senay.** It provides a range of activities the young people generate for themselves. It provides alternative activity in social structure. It is a model I am very proud to have supported. I don't know if it is going to be an answer.

Mr. **Rangel.** Do you say "sampling?" It seems to me the Boy Scouts would be a good alternative. I don't know.

Dr. **Senay.** I don't doubt it. The fact of the matter is, many kids do find wonderful ways of living. We do have major problems and we have to find answers to them.

Mr. **Rangel.** Are you saying you have some type of study as to what would be normally the drug addiction population and what would be expected in a given community, and you have come in with resources in order to supplement the life style of what is not being given in school?

Dr. **Senay.** We are trying.

Mr. **Rangel.** You believe this would be preventive. How would we know?

Dr. **Senay.** By our written reports of our explorations.

Mr. Rangel. How long have you been doing this?

Dr. Senay. This particular program I am talking about, how long have we been working on the issue of prevention? About a year.

Mr. Rangel. Suppose we wanted to join with you in this effort and project your findings on a national level. When we leave here and go to San Francisco, to say we don't have the answers, but this is what they are doing in the State of Illinois, what could you give us to take with us?

Dr. Senay. A written description of the variety of programs. This would not be hard.

Mr. Phillips. Can I interrupt?

Dr. Senay, you have a $7 to $7.5 million budget; right? How much is spent on education?

Dr. Senay. You are talking about the total Illinois Drug Abuse Program, which is a treatment program. Our specific mandate is to treat. The money is to treat.

Mr. Phillips. You say it is only to treat?

Dr. Senay. Right.

Mr. Phillips. Is it your policy not to use any money——

Dr. Senay. My mandate. It is not my policy. It is my mandate from the dangerous drug advisory counsel to use the money to treat drug abusers.

Chairman Pepper. The State money?

Dr. Senay. Yes.

Mr. Phillips. You state you have no choice?

Dr. Senay. I understand my mandate to be to treat.

Mr. Phillips. The department of health and education spends x amount of dollars. How much is on education?

Dr. Senay. I don't know.

Mr. Phillips. Aren't you consulted regularly about getting money for education?

Dr. Senay. What I am trying to get across to you. I don't know what to tell people when they ask me.

Mr. Phillips. You told them, apparently—I have the minutes of the meeting of the general public—that your program was not funded for educational purposes.

Dr. Senay. What would you do if you had 1,000 people from minority group areas, many of them married, their wives demanding services for their spouses, these men with children, begging for services. One thousand in line. Where would you put your dollars?

Mr. Phillips. Why would you oppose dollars for education?

Mr. Rangel. The last time I heard, it was a quite affluent problem.

Dr. Senay. Our census on September 20, 1972, 3,880, of that census, 2,658 were black.

Mr. Rangel. You are the first witness to indicate there were any blacks in Chicago at all. All of the testimony we received came from affluent communities.

Dr. Senay. I am just citing figures from our program.

Mr. Phillips. Are you saying you have a choice of where you spend the money?

Dr. Senay. I would say I don't have a choice where I spend the treatment money. I do have responsibility.

Mr. PHILLIPS. Why are these people applying to you for educational funds?

Dr. SENAY. Because I am regarded as an expert in drugs.

Mr. PHILLIPS. They are asking you for money. Do you tell them that is not my bag, or my policy is not to give the money?

Dr. SENAY. You want my comments on the quality of their request from the drug abuse point of view.

Mr. PHILLIPS. The request was to you in the minutes of this particular meeting. You were asked to produce money for the educational program and you told them it was not your policy.

Dr. SENAY. I elected to put the available funds to the adult needs of drug-dependent persons.

Mr. PHILLIPS. I don't mind you electing that, but you tell me you didn't elect it, you were mandated by law.

Dr. SENAY. What you are trying to get is my responsibility for my participation and my counsel in the general distribution of funds other than the treatment funds, my general counsel there has said let's be very careful how we move in this area.

Mr. RANGEL. Suppose I agree with you, because you are the expert, and if you make this determination, all right. But if, in fact, you are successful in rehabilitating adults, and you notice that your population of entry into the program is increasing, and even though your bag is not education and prevention, but treatment, isn't this somewhere connected with your responsibility to deal with why you are receiving an ever-increasing number of clients?

Dr. SENAY. Absolutely.

Mr. RANGEL. How do you deal with that?

Dr. SENAY. I guess I am failing to make myself clear. I deal with that by regarding those questions, which are research questions, as research questions, not as a stimuli for precipitous action.

Mr. RANGEL. Who would do the research?

Dr. SENAY. A variety of people are needed. People from the educational establishment, people from the——

Mr. RANGEL. No; no. I agree with the teachers. You are the expert. You are working out your problems in treatment; right?

Dr. SENAY. Right.

Mr. RANGEL. What is the State of Illinois doing in connection with how they keep your population and keep your budget?

Dr. SENAY. For prevention?

Mr. RANGEL. For prevention. I didn't want to use any words that weren't your bag.

Dr. SENAY. The Illinois Law Enforcement Commission—and I feel you should be really asking these people to describe their work, because these are not my primary works—it is the Illinois Law Enforcement Commission, Department of Education, Department of Public Health, all have programs. The Illinois Law Enforcement Commission has spent $2.5 million. They have made 47 grants. They are searching like everyone else is to know what are the responses that might work.

The department of education has put together a couple of excellent manuals used as instructional material in schools. There are some movements afoot. That doesn't exonerate us from responsibility or it doesn't really dampen this epidemic either, frankly speaking, right now. But it isn't as if everyone has been inactive.

And my counsel, again, gentlemen, I am sure you are familiar with certain dialogues you adopt positions with and other dialogues you wouldn't. Everyone was very much for a broad television programing, a massive program in the schools. My vision at that moment was that would have a destructive effect and I argued for my vision.

Mr. **Murphy**. Doctor, we have a problem, but it wasn't brought on by public exposure. I don't follow your logic. We have that problem. It was not brought on by public exposure as you feared. Where is the logic in preventing public exposure to increase the problem?

Dr. **Senay**. I am not sure I understand your question.

Mr. **Murphy**. We have a problem. It wasn't exposure that caused it; right? Nobody was talking a year and a half ago or 2 years ago about it.

Dr. **Senay**. Well, I don't know about that.

Mr. **Murphy**. You say it was exposure that caused the drug problem?

Dr. **Senay**. A circular movement sets up in our society that has drug consciousness.

Mr. **Murphy**. When did it come, before or after we discovered we had a problem?

Dr. **Senay**. I frankly don't know how it got started.

Mr. **Murphy**. Do you think someone just drummed this up, 300 deaths in Cook County; 1,100 or 1,200 a year in the State of New York?

Dr. **Senay**. It is a rhetorical question.

Mr. **Murphy**. Seventy-five percent of the inmates in prison in Pennsylvania: what brought on that exposure?

Dr. **Senay**. If we knew the answer to that question, we could, of course, move immediately. What I think happened, a circular motion got up in our society where drug consciousness increased drug experimentation, increased drug consciousness and the thing has really grown. It is like Topsy.

Mr. **Murphy**. There was no drug consciousness among the public 2 or 3 years ago. No public attention to it except in Harlem, in New York.

Dr. **Senay**. Since in the middle fifties.

Mr. **Murphy**. Let me give you an example. The State of New York has spent three times what the Federal Government has spent just in New York alone in the last 3 years. The Federal Government wasn't even concerned about it. All of the legislation passed on drugs in the Federal Government has been in the last 2 years.

Dr. **Senay**. I am not quite sure I know which point we are addressing ourselves to.

Mr. **Murphy**. All of the funding in the last few years. The President set up this office which took your boss away from you.

Dr. **Senay**. The funding always follows by lag-time the crest of the problem and since the middle fifties the drug consciousness has increased in our society. That is why so many kids are interested and find it so attractive to experiment with drugs.

Chairman **Pepper**. Did you say something awhile ago to indicate the authorities really don't know the answer to the problem?

Dr. SENAY. If you ask me, how do we prevent this, I have to respond first by saying that it is a research question: it is not a stimulus for immediate action. I happen to feel many combinations of explorations are worthwhile and, indeed, we are in the process of working them out. Techniques for identifying an epidemic, building alternative systems, building treatment systems young people can get it.

Every time you treat a young person you probably prevent two or three others from getting involved. Increasing teacher incentives to an awareness to general behavior problems, including drugs, including kinds of programs available in schools, and, most importantly, addressing ourselves to kinds of lack of sense of community coherence.

I think what Dr. Visotsky and I both respond to in your remarks is quite proper, putting the focus on getting schools to do something. I agree with that, but I happen to feel it is a community responsibility. That 16-year-old dropout is a school responsibility. More importantly, he is a community responsibility and however we cohere communities as central elements in our response to the drug situation.

Chairman PEPPER. Would you agree, as Dr. Visotsky has said here, the schools are where the action is with respect to the young people of school age, public school age?

Dr. SENAY. Part of where the action. Television is one.

Chairman PEPPER. They are the ones who have the addiction and who are abusing drugs in that category. I mean, there is a great volume of youth among that age group.

Now then, in my County of Dade, the system has been when they discover that a youngster has an addiction to drugs or is abusing drugs, if it is affirmed, they simply suspend him, tell him to go home. Well, the parents may not be there when he gets there. The parent doesn't know where to send him. There aren't enough programs, anything like enough programs, to give treatment and rehabilitation care to him.

In our Miami hearings, we had three mothers, one of whom had lost a child as a result of drug addiction. With tears streaming down her face, she said concerning her son, who was a drug addict, she didn't know what to do; she couldn't get anybody to help her. And one day while that boy was under the influence of drugs, he went in the room where her little 5-year-old daughter was sleeping, and in a few minutes she heard the muffled scream of that little girl. The little girl had been choked to death by that son of hers while he was under the influence of drugs.

And as I said, with tears in her eyes, she pleaded, "Why couldn't somebody help me before this happened?" The answer: There weren't enough facilities to help her in the community.

And you haven't got enough facilities here in Chicago to take care of the school students who are already abusing drugs. You haven't got enough to take care of the adults. If you send the students home, the parents are not going to be able to find enough places to put them. And you know, to set up these outside facilities, it takes personnel, it takes buildings, it takes facilities, and it takes time to set them up and you wouldn't have, in all probability, unified direction of them.

They would be all different. Right now, Dr. Jaffe's agency is funding all kinds of different institutions, experimentally, to see which one is doing the best job. So now, if you use the school system properly, maybe you could use a good many of those facilities. Dr. Holt said they were using the schools at night. You have retired teachers that could be brought back and would be glad to participate.

You could use the students that had been through the program. If we used the schools, we would get more money from Congress. It would be easier to add a billion dollars to the Elementary and Secondary Education Act for treatment and rehabilitation programs than it would be to try to fund the programs that Dr. Jaffe can't get near that much money for. You could get it if it came to the Education and Labor Committees of the House and Senate.

After all, you get out into these other programs, you have got to find techniques, people who know how to teach, and how to inspire, and how to lead these young people. You ought to have a lot of those people in the school system that would be available for youth.

So it would seem to me that the school is not only the place of the principal challenge, but the place of the greatest potential to get a program going soon, if you people who have the responsibility for it would figure out the kind of program that would be effective; then ask the Legislature of Illinois, and the Congress, and local authorities for the money to do it.

Dr. **Senay**. I agree with 95 percent of what you say. The only difference I have is an integral element in the attack. But my focus would always remain on coherent community. Joblessness has as much to do with the problem as any other single factor. We must move there.

Chairman **Pepper**. I am not saying the community program might not be supplementary, might not be a part of the total program, but most of the people so far are talking about leaving out the schools and building a whole program in the community.

Dr. **Senay**. I can only applaud you and wish you well.

I haven't been conscious of that.

Chairman **Pepper**. Do you gentlemen have any more questions?

Mr. **Murphy**. No more questions.

Chairman **Pepper**. Counsel, any more questions?

Mr. **Phillips**. No.

Chairman **Pepper**. Well, Doctors, will you give us a concluding statement?

Dr. **Visotsky**. I was listening to Dr. Senay. I don't know if it was the problem about my drug abuse program started under the time I was director of the department of mental health, but I do want to point out to you, I did go to the legislature to get the money to set up the drug abuse program in Illinois and it was very difficult sledding.

We started with the $1.5 million and we got Dr. Jaffe to come to Illinois from New York. Very tough sledding.

And that money, just for the record, was designed primarily for treatment, Mr. Phillips.

Mr. **Phillips**. It was methadone maintenance?

Dr. **Senay**. Incorrect.

Mr. **Phillips**. And what happened, the system is out of balance. You got methadone maintenance and not anything——

Dr. **Senay**. That is not correct.

Dr. **Visotsky**. That is not essentially true. As a matter of fact, a good deal of the drug treatment programs, like Gateway Houses, started with this money.

But that is not the issue. I really wanted to try and put this in perspective because I know that your time and your efforts and our time and our efforts somehow have to be integrated, and what I have been trying to say, and perhaps Dr. Senay was trying to say, is the school is an integral part of this process of trying to stop this problem of epidemic proportions in our country.

Mr. **Phillips.** Where in the community are you going to go for another institution that is going to address the problem? You say the school is part of it, but what is another part? Are you going to talk about the church, the family? What else can Government touch as an institution?

Dr. **Senay.** Community groups.

Mr. **Rangel.** Doctor, maybe one of the problems we have, we are so political and we see the problem as to what we can do and what we can't do. And you two are scientists, are dealing with the whole. It seems to me that if I am going to wait for what you gentlemen are suggesting, that we are going to have to stop bombing people. We are going to have to remove racism from the hearts of people. We are going to have to love our brothers and work together in a community of respect and equality for all. But until all of this happens, if we can pump something into the schools—we are not saying if we came back next year that if the money did get there, that we have resolved the problem. True, we still would have to do all of this community work which you are suggesting that you are starting on.

But what the chairman consistently says is that if, in fact, a person or community is not seriously affected by this disease, this person may be more prone to give to an educational bill than to give money to the urban community which exists in the State of Illinois.

Dr. **Visotsky.** I would agree.

Dr. **Senay.** I applaud that inference.

Dr. **Visotsky.** I think from a political point of view, tying funds into the site of action, the school system, around the school system to expand its time—and I don't mean to keep every kid in school beyond the time—but you have a building you pay for, you want to expand the utilization, you may want to put other people in the school system.

I heard someone say when they started cutting the budget, the social worker went first. That is penny wise and pound foolish. You have two social workers and 1,500 teachers.

Mr. **Murphy.** Do you blame that on the organization or the person who made the cut?

Dr. **Visotsky.** I would blame it on organization. He asked me to be a political animal. If you have 1,500 teachers and two social workers, I know who is going to get cut.

Mr. **Murphy.** What does that say about the enlightened policy of the board of education?

Dr. **Visotsky.** The boards of education are political animals. You voted for revenue sharing. That is money coming into large urban areas and States, and let's see how that money is going to be spent. If I were the city of Chicago and got my share of revenue sharing, I would say our kids need it.

Mr. **Rangel.** But I am afraid they may say we have to build bigger and better prisons.

Dr. VISOTSKY. Everyone answers it in a political way and the people get shortchanged and the kids get hung in the middle.

Mr. MURPHY. You have to have policy to present when the money does come. Revenue sharing has passed the House and the Senate and has been signed by the President. The money comes to Chicago and they come to you people as the head of the Illinois Drug Abuse Program. If you give the same answers you have given here today I wouldn't give you any money.

Dr. VISOTSKY. Dr. Senay and I met with the medical director, and I think Mr. Phillips saw the transcript. We met with the medical director of the board of education and another man in the hierachy and he asked what do we do with the educational program? We don't have money.

If the money comes, the board of education is going to get a lot of responses. You are going to get so many responses when there is money in the program and some are going to be terrible. You have corporations that respond to where the money goes. They either go from the Defense Department, behavioral sciences, social sciences, they follow that buck around.

You will get programs and you will get manuals, but will you get a program that is going to help the kids stay away from drugs? This is how he was trying to answer you. You have to be discreet.

Mr. PHILLIPS. How do you know unless you start to try?

Chairman PEPPER. Dr. Senay.

Dr. SENAY. I just wanted to put in a plug for coherence generally. I understand the Congress has reduced the amount of money which was allocated to train behavioral scientists, mental health profession psychiatrists, and psychologists. I would think, however one may feel about our breed, without at least a modicum of our particular abilities, we are not really going to solve this problem.

Mr. MURPHY. Doctor, let me answer you with this. If you are afraid of exposure and you don't want to highlight the problem, you are never going to get a single dollar from Congress. As Mr. Rangel and the chairman say, we are a political organization and we respond to pressure. We respond to constructive plans and constructive ideas. If we are going to be talked to in clinical terms, you are never going to get "dollar No. 1."

Dr. SENAY. I don't believe I have discussed this in a clinical tone.

Chairman PEPPER. Gentlemen, the committee wishes to thank both of you in the warmest way for the help you have given us here today and for your participation in our hearing.

We are going to have to conclude now, but before we conclude I would like to tell the public, who may see this hearing on TV, that our committee will have 2 more days of hearings here, beginning at 10 o'clock tomorrow morning, and again at 10 o'clock on Saturday morning.

We are meeting here in the very excellent facilities of channel 11 at 5400 North St. Louis Avenue in Chicago, and we would welcome any of the public who would care to come and be present in person at our hearings. We think they would find them informative.

Thank you again, gentlemen.

The committee is adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 6:30 p.m., the committee adjourned, to reconvene at 10 a.m., on Friday, September 22, 1972, at Channel 11 Studios, 5400 North St. Louis Avenue, Chicago, Ill.)

DRUGS IN OUR SCHOOLS

FRIDAY, SEPTEMBER 22, 1972

House of Representatives,
Select Committee on Crime,
Chicago, Ill.

The committee met, pursuant to notice, at 10:05 a.m., in the hearing room of television channel 11, 5400 North St. Louis Avenue, Chicago, Ill., the Honorable Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Mann, Murphy, and Rangel.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman **Pepper**. The committee will come to order, please.

We are glad to be able to begin our second day of hearings here in Chicago on the problem of drugs in the schools.

We are very pleased that a distinguished member of our committee who was not able to be with us yesterday, has now joined us, the Honorable James Mann of South Carolina. We are very pleased to have him. He has been an able and very interested member of our committee.

This morning, the four members of our committee who are here today had an early meeting with Mayor Daley. We knew of his great concern about the problem of drugs in the schools. He allowed us to come at an early hour this morning, breaking into his busy schedule, to discuss this problem with him.

Since he has been the mayor, Mayor Daley has taken many measures designed to be helpful; like protecting the schools as much as possible against the pushers and doing many other things helpful in combating this problem. Ordinances have been passed and a number of programs have been inaugurated by the authorities of the city of Chicago under the distinguished mayor's direction.

He expressed a grave concern about the problem, commended our committee for making this inquiry, wanted us to keep him informed, wanted to be advised of our recommendations, and assured us that he wanted to be helpful in every way possible.

Perhaps Mr. Murphy, a long-time friend of Mayor Daley, might wish to add further comments.

Mr. **Murphy**. Thank you, Mr. Chairman.

As the chairman indicated, we spent an hour with the mayor this morning. He has a very busy schedule and he was unable to come up here and appear publicly, but he wanted to talk to us in private about some of the efforts he has undertaken since he has been elected mayor of the city of Chicago, and some of the difficulties he has run into.

In one particular instance, he passed an ordinance which would prohibit loitering around the high schools and grammar schools in the city. The reason for that ordinance was that the pushers, prostitutes, and those who would interest youngsters in the use of drugs, were loitering on school grounds or within a block or two of the schools.

He had this ordinance passed and it was struck down by the courts as unconstitutional. He cited this as one example of some of the problems that school administrators and public officials have in trying to curtail this trafficking in drugs.

As Chairman Pepper indicated, the mayor said he is very much interested in the recommendations we come up with, not only here in Chicago, but our studies in New York and Miami, and our future studies in Kansas City and San Francisco. He pledged the full resources of the city and the police department. He told us of the problems and how concerned he is about them, and welcomed the committee and their study.

I want to congratulate the members. We all got up early to meet the mayor because he gets to the office awfully early and, as I say, we spent an hour with him and he is very happy that we are here. He is very unhappy with the subject, in that it is a real scourge, and he knows it; and again he reiterated his total commitment to the elimination of this problem and looks to us for suggestions.

Thank you, Mr. Chairman.

Chairman **Pepper**. Thank you, Mr. Murphy.

The mayor, as usual, exhibited great knowledge of the subject, as well as a great concern about it, and we are grateful for his interest and cooperation.

Mr. Counsel, will you call the first witness.

Mr. **Phillips**. Mr. Chairman, the first group of witnesses today is a panel of people who are involved in the drug program called Day One. The director of that program is Spellmon Young. He has brought two other people who are associated with his program, James Jones and Karl Thomas, students here in the city of Chicago.

Mr. Young, Mr. Jones, and Mr. Thomas, if you would come forward at this time and be seated.

STATEMENT OF SPELLMON YOUNG, DIRECTOR, DAY ONE CLINIC, ILLINOIS DRUG ABUSE PROGRAM, ACCOMPANIED BY JAMES JONES AND KARL THOMAS, STUDENTS, CHICAGO, ILL.

Mr. **Phillips**. Mr. Young, could you tell us essentially a little about your background.

Mr. **Young**. I am 42 years old. I was raised in Chicago. I was born in what was at one time called Arlen Square. I guess you would consider me a product of what was the first ghetto in Chicago, from 39th and Cottage Grove.

When I was 16 years old, I began to use hard drugs. When I was 18 years old I was convicted for the sale of hard drugs and spent a year at Lexington, Ky. I was released when I was 19, and convicted again when I was 22 years old by the U.S. Government for selling narcotics. I served a period of 5 years. I was released in 1957. I was convicted again in 1962 for the sale of narcotics.

So I guess my background, in the language of the street: I am a product of the ghetto.

Mr. PHILLIPS. After this very, very difficult beginning, have you got involved in a drug rehabilitation process here in Chicago?

Mr. YOUNG. I became involved in the Illinois Drug Abuse Program in 1971. I was brought in by my regional director, a fellow by the name of Clarence Lawson. I have been in the program for 2 years. I started off under Dr. John Chappell and I moved from counselor to a director, and I am now presently in the Far South Region, Day One Clinic.

Mr. PHILLIPS. Could you tell us essentially what the conditions are in the Day One Clinic?

Mr. YOUNG. We are in the Far South Region. We are located in a very small and isolated area. It is almost completely cut off from what you would consider the inner city. We have something like about 10,000 to 15,000 people. We imagine the age range on a percentage would be, maybe, 60 to 70 percent are under 30.

When you start speaking about drugs, we feel we are a perfect example, because we are in the position of watching drugs gradually deteriorate the entire community. We are not too familiar with drugs in schools because we see drugs as a total community problem. It is attacking our entire community.

The thing that we feel must be relevant to us is a situation that will make it possible for our entire community to rise up and put down drugs. At the present time, we see young guys like Karl, young guys like James, who are in schools, and the schools themselves are a trap. That wouldn't be a problem if it was possible for him to get outside of the school and have an opportunity in the community.

See, the community is a trap. The school and the community both are a trap. The opportunities for them are limited. The possibilities of their education are limited. The possibilities of them actually maturing into strong men are limited.

We have been interviewed, we have been reviewed, we have been previewed, we have been——

Mr. MURPHY. Mr. Young, may I suggest there is some water in those containers in front of you.

Mr. YOUNG. I think I can do without it. What I have to say, I can say it with a dry voice.

It is just that we feel that we are constantly coming before committees and constantly coming before people like yourself and making our needs known—and I see nothing done. It is kind of crazy, man.

And I get up kind of tight and I have a tendency to cry and, you know, you have to go along with me because I assume it is tears of frustration. But we are tired of being before committees and not seeing anything done. We need money. We are not familiar with—we don't have a parental problem. The black youth does not begin to use drugs because he cannot relate with his parents. He begins to use drugs because he is fenced in, he doesn't have any outlet.

We are not aware, when the Honorable Richard Nixon and Sammy Davis, Jr., speak about the American dream. We are not familiar with the American dream. We haven't seen it work for us. We don't know about the land of opportunity, and justice, and liberty for all, because we haven't seen it working at our community level. We are not sure it is not working some other place. We can only speak of the community we come out of.

The kids in our community are slowly and gradually going to drugs because they don't have other outlets. When you meet and have us come in and speak to us, when we go back to our communities we don't see any changes. Nobody comes out, the kids still continue to go to drugs or to alcohol. The sisters still begin to go to drugs or to prostitution, and we feel, to some extent, we are confined. We don't know what it is all about.

We don't know what these meetings are all about. It is obvious what the problem is. The problem is economy. We need to be put on the same economical level the rest of America is. We need the opportunity to vote, to get people to represent us, to make our needs, our particular needs in our particular communities known. At this particular time, it is not happening.

We would appreciate it very much if the committee is here and this committee is intending to do anything relevant to our community to make our needs known in terms of financing. We need financing. We need jobs. We need opportunities for these kids to get better education. We need opportunity for voting registration, to be taken where the young people in our community can vote and perhaps change some of the things we see going down in our community.

At the present time that is not happening.

We think that we need, at least we are almost certain that we need, an opportunity for the young people to—maybe a test pilot—maybe a pilot program, maybe just to select a particular community and to bring in jobs, to bring in educational facilities and to see if it works.

Presently, the way things are constructed, nothing is working. The program we are in is working because we have methadone maintenance, but after the methadone, what happens? After the methadone, what happens? What do you do with the kid who is 16 years old after you have given him methadone in a group?

Mr. PHILLIPS. Mr. Young, didn't you tell me you had generations of black young men going to the school in your community, and that the people in your program represent a small series of people who become addicted, and the school is a place where drugs are sold as well as the community and kids are actually getting involved in the school in your community with heavier habits and a large, broad view of drug abuse?

Mr. YOUNG. Drugs are sold in our schools. I imagine that can be almost, most black communities, the same way it is sold in the actual community itself. Yes, there are actual peddlers in the schools selling narcotics. Marihuana can be found, the smoke in the bathrooms. I mean the sale of marihuana goes on in the schools.

The principals as well as the teachers cover it up. You have to realize when you talk about a community like the community we are in. We are a totally poverty-stricken community. I think something like 87 or 92 percent of the residents of our community are welfare recipients. So, therefore, we have almost a total turnover of teachers, constant turnover of teachers.

We need teachers' workshops. The teachers must be relevant to our community. They must be aware of what is going on in our community. We have the teacher turnover 2 or 3 weeks coming into the community. There must be some type of stabilization of education. There must be an opportunity to make teachers aware of what to look for among the school kids.

You have school kids overdosing in school. School kids coming in school and just walking out, spacing out, walking around in the schoolroom, high. The principals deny this. The teachers deny this. To us, that is crazy because it is happening.

Mr. PHILLIPS. Mr. Jones, you are a resident of that community and you go to that school. Could you tell the committee about the extent of drug abuse in your school?

Mr. JONES. Well, the way I see it, the man is right, you know. Like this drug, like drugs are even in the school. Drugs, you know, pushed around and dealt around and found, you know, like marihuana growing all over the place. And you know, like, generally, people that don't even live in the community push it to the people that they know in the community and the people in the community push it on.

So, what it is, it is just like a funnel, and drugs are going through there which are deteriorating the funnel, which is us.

Mr. PHILLIPS. How old are you?

Mr. JONES. Sixteen.

Mr. PHILLIPS. What percentage of the young men going to high school do you find using drugs?

Mr. JONES. Well, from 95 to 85 percent of the kids in the school smoke marihuana, you know; and polydrugs, I say, 85 percent take polydrugs. And I say 20 percent are on heroin.

Mr. PHILLIPS. By "polydrugs," you mean more than one type of drug?

Mr. JONES. Yes.

Mr. PHILLIPS. And that is customary?

Mr. JONES. Yes.

Mr. PHILLIPS. Where do the kids get the stuff?

Mr. JONES. From pushers. Their friends and the people who are their friends that know other people. It is just a big chain.

Mr. PHILLIPS. Karl Thomas, you don't go to school in the community, do you?

Mr. THOMAS. No.

Mr. PHILLIPS. Could you tell us where you go to school?

Mr. THOMAS. I attend school on 79th and Slagum. I am in a Catholic school.

Mr. PHILLIPS. Could you tell us whether the conditions in your school are different than the ones in Jim's school?

Mr. THOMAS. They are different to a certain extent because, like drugs aren't a real problem, but there is a problem in school and the sale of drugs is not really as common as in his school. But in mine, they are common, you know, like you can buy them. They are passed around. Like it is easier to obtain marihuana.

In there, you get knowledge.

Mr. PHILLIPS. Mr. Chairman, I have no other questions.

Chairman PEPPER. Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman.

Mr. Young, you are the director of the Day One program. I wish you would give the committee some details of the operation of that program, if you would, please.

Mr. YOUNG. As far as we know, to our knowledge, our program was the first program to actually go within a project. We are located in a project. We are a part of a project building and we converted it into a clinic. As far as I know, to my knowledge, our program is the first one to really begin to——

Mr. MURPHY. What building are you in? Who provided the building?

Mr. YOUNG. The Chicago Housing Authority

Mr. MURPHY. The Chicago Housing Authority provided you with the building in which you run the program?

Mr. YOUNG. Yes.

Mr. MURPHY. Do you pay rent for it?

Mr. YOUNG. We pay a minimum. Rent is something like a dollar a year, which is normal, I think, in a situation like that.

Mr. MURPHY. What takes place within your program?

Mr. YOUNG. We concentrate primarily on detoxification because most of our people function from around 16 to 25. So we bring them, we send them down to the central intake, which is the central office. Our program is set up where they are given physicals and sent back to our particular clinic.

There we put them on methadone and they remain on methadone for a period of 90 days to 6 weeks. Of course, if he is a lot older, we try to maintain him a little longer and he is gradually detoxified at a period of time we feel he doesn't have any kind of adverse action.

At that particular time we group him. We try to get in touch with some of the problems, some of the things that might have drove him into drugs.

Mr. MURPHY. What do you find are some of those reasons that would drive a youngster to drugs? You enumerated some of them: Lack of jobs, lack of purpose, lack of community relating to the individual young man or young lady. What other reasons do you have?

Mr. YOUNG. I think that almost sums it up. I think that almost sums it up and probably stems a great deal from a lack of interest from people like yourselves. I think that just about sums it up. I think it stems from individuals not really being concerned about America nationwide. I think you must relate on a community level. America is made up of different communities.

Mr. MURPHY. What is your program doing? You detoxify the heroin addict?

Mr. YOUNG. Then we do absolutely nothing, Representative Murphy, and that is what our beef is. Then we can do absolutely nothing. After we detoxify him, we can do nothing with him. Where do we carry him from there? He is on drugs. We send him right back to where he came from. That is crazy.

Mr. RANGEL. In fact, if this is the national approach, the methadone maintenance in black communities where people are strung out on heroin, honestly, we could say what we are really doing with methadone is just cutting back someone's habit?

Mr. YOUNG. Well, we utilize methadone as a bridge. We think methadone is a bridge, supposed to be utilized very minutely. We don't think one should be maintained on methadone. We think it should be used to detoxify off heroin. After he is detoxified off heroin, he should be integrated back in the mainstream of society.

Mr. RANGEL. That is the philosophy; but if, in fact, you have no resource to give him any more tools than he had when he came to your clinic, then you have detoxed him, you have cut his habit back, and then you tell him he is going back to the mainstream of where he came from, unprepared to deal with the problems.

Mr. YOUNG. That is the problem.

Mr. RANGEL. So that from a national level, if we were honest about it, you haven't got a rehab program: you have a program that you would like to become a rehabilitation program.

Mr. YOUNG. That is true.

Mr. RANGEL. But a legitimate addict that may not be concerned with rehab, will say you may have a good program. "I can cut my habit back, get back in the street, wheel and deal." Hopefully, one day, someone will respond to the real needs.

Mr. YOUNG. That is true. See, then you get up into alternatives. At the present time, we do not have the proper alternative to offer him. That, I think, applies to all young blacks, alternatives, and I think that is what you people are all about. We want alternatives. We don't want him to be confined, enforced in one particular avenue.

He should have an opportunity to make a choice. At the present time, young blacks don't have that opportunity.

Mr. MURPHY. How many addicts do you deal with in a year, Mr. Young? How many come through your program?

Mr. YOUNG. I have got 63 presently in my clinic. But we deal primarily in prevention because we are a community-based operation. So you can say, like we visualize on the rate of 60 to 70 percent of the young people in our community are in some kind of drug bag, some kind of drug bag. It is only a matter of time before they come to heroin and they come through our clinic.

Once again, you get back two alternatives.

Mr. MURPHY. Where do you get your financing?

Mr. YOUNG. We are financed by Illinois State and subsidized, I think, by the Government.

Mr. PHILLIPS. May I interrupt?

Mr. MURPHY. Sure.

Mr. PHILLIPS. Karl, in talking to you prior to your coming here, I had the definite impression that you were a fellow who is making progress in school, who is devoted to a productive life, and that you were getting some assistance in the schools in developing the tools and talents that would take you further in life.

Would you comment on that for me?

Mr. THOMAS. Well, when we first met, I explained to you that the only way I really learned about drugs was partially from school. They only taught us so much. They didn't really get into it, telling us, well, there is a danger here of you becoming a heroin addict, or a drug addict.

And I started researching, myself, you know, going out, getting books and experimenting on different little things here and there, you know, to really get into the main source of drugs, you know. And in my studies, I have come a long ways from the school to the street, like my outside life is mainly in the street.

I learned a lot of things from there, just like some of the books. But the books were just a small fraction of the things I learned. The street is where I learned the most, you know, how you could actually get caught up into drugs, how easily they are obtainable, and then I started noticing it through the schools, how easily that a drug could be passed through there and nobody would even know that this would be a problem in the school. In the school I attend, rather.

Mr. PHILLIPS. The point I wanted to ask you about is do you feel a solid educational program would help the young blacks overcome some of the difficulties that are in the community? If you had a real intensive educational program where you could develop the talents to move, to get a better job, to become a professional, and work out the solution to live better, do you think this would be of great help in combating drug abuse?

Mr. THOMAS. Yes, I do. Because if you have an extensive education, you know, you will be aware of some of the things you are going to be faced with after you get out of school, or as you advance through school. It is going to prepare you for what you should expect outside of your home and your school life and things like this. With sufficient education, you can get a little something out of it.

Mr. PHILLIPS. Jim, we discussed at the same meeting we had, the fact that the conditions in Karl's school were apparently a lot better than the conditions in your school; that Karl was getting ahead. It was an orderly system there and apparently conditions in your school were much worse. Is that correct?

Mr. JONES. Yes.

Mr. PHILLIPS. Thank you.

Chairman PEPPER. Mr. Mann.

Mr. MANN. Mr. Young, obviously, you are dedicated to this antidrug movement. How did you break the habit?

Mr. YOUNG. You mean, if I were, say, one particular person?

Mr. MANN. No; as an individual, what changed you?

Mr. YOUNG. I think I was given an alternative. I think I was given an opportunity to get into something else. A man like Dr. Edward Senay, our clinical director, Matt Wright, made it possible, you know. Our program is not really, just like Representative Rangel said, it hasn't broadened the scope we would like to see it at, but we do have opportunity for certain amounts of addicts to come into the program and work in the program. I was given an alternative.

Mr. MANN. You broke out of it because you had a worthwhile alternative?

Mr. YOUNG. Yes.

Mr. MANN. After you have taken these young people and detoxified them, what do you think should be the next step?

Mr. YOUNG. Jobs.

Mr. MANN. Is it a job or is it job training? Do they lack the training?

Mr. YOUNG. You see, we find that the job training office turns out to be overlay, which in street terms means a cross. We find often when the young black goes to job training, by the time he is trained the job no longer exists for what he has been trained for. We seen that with Manpower when it was here.

We think it must be something he can immediately go into and earn a living as a young man. Often, the young black is training for something that is being phased out.

Mr. MANN. Does the Day One program have a placement service?

Mr. YOUNG. No, we don't.

Mr. MANN. Why not?

Mr. YOUNG. Because our program at the present time doesn't have that type of facility. You see, we have a vocational rehabilitation director and at the present time he doesn't have job openings. So what would be the point of having a placement center within our clinic when there are no jobs to be had?

What Karl is talking about, education, in a sense, can be rather frustrating if there is no way to bring it to a head. I mean, to be educated and not have an opportunity to utilize it.

Mr. MANN. Where are these jobs? From what you say, there are no jobs in the community. No jobs to be had.

Mr. YOUNG. That is true.

Mr. MANN. So we are going to furnish them with jobs somewhere else, or are we going to create Government-subsidized jobs in the community itself?

Mr. YOUNG. I am not sure they would have to be committed in our particular community. I am not sure that is what it needs. We are surrounded by 10 of the largest industries in the country. Not in the State, but in the country. We are surrounded by 10 of the largest industries in the country. So we feel some type of intensive thing should be done in those industries, that our young blacks should be given an opportunity to be integrated within those industries.

We think jobs should be created by people like yourself. We think that is what your function is, to make opportunity, to create alternatives. We think that is your function. We think that is the reason for voting for you.

Mr. MANN. By the relocation of private industrial jobs?

Mr. YOUNG. Not necessarily.

Mr. MANN. Or the establishment of Government programs for jobs.

Mr. YOUNG. I am not sure that I have necessary knowledge to say exactly how it should be done. On the top, though, as far as my particular community is concerned, I feel that it should actually be done by individuals going within the industries that are around our community and making some type of contact and having a certain number of individuals being given an opportunity to become employed in these particular industries.

Mr. MANN. All right. Now, I recognize that yours is a limited program. But is anyone promoting in the community, or perhaps as an adjunct to your program, a placement service, to which I have already referred, or a community movement, or a city movement, which would attempt to relate to the ownership and directorship of these industries this problem and seek their cooperation on a community basis?

Mr. YOUNG. No. You see, like, at the present time, my latest understanding is that our clinical director and program director is in the process of establishing this type of contact. But on the community level, no. It does not exist. So, therefore, it does not exist at my clinical level. The opportunity is not there.

Mr. MANN. Thank you.

Chairman PEPPER. Mr. Rangel.

Mr. RANGEL. Thank you, Mr. Young, for your testimony. I gather from it that your community is very much like the one that I represent and I gather further that the problems that you have seen in your community have existed prior to the introduction of drugs, whether they color it soft or hard, and that now you are saddled with this additional burden, as you try to enter the economic main stream.

As compassionately as you presented your case, if you are waiting for this country to have the compassion to bring you in as an equal member of society, you would recognize—and I tell you this from where I sit, even though we are the same age—that we have a long way to go to enter the mainstream.

When were you first arrested for drugs?

Mr. YOUNG. 1946. I was 16 years old.

Mr. RANGEL. Well, you recognize as far as America was concerned, they would not even have known what you were talking about.

Mr. YOUNG. True.

Mr. RANGEL. And we hear a lot of it in the last couple of days because the white majority has been hit, the military has been hit, and it seems to me that even though it is frustrating to make these presentations and see no effective change in your community, you have one of the tactics that you would be forced to use, which is to have them review your community as a preview of the coming attractions for their community.

And as much as they are against welfare, it seems to me that if a review of the population of our prisons would indicate that 70 percent of the inmates are black, that 70 percent of the convictions are drug related, that billions of dollars in thefts are created every day because of drug-related crimes, that in the long run, the closing of our churches, our small businesses, as a result of this epidemic, and as I said yesterday, somewhere along the line, somebody is going to have to recognize drug addiction is not the same as sickle cell anemia.

But white Mississippians are coming home from Vietnam, not as heroes but as junkies prepared to milk the farmers, and we are going to have to really see what resources we have and, hopefully, this committee can add toward the educational aspect of it because every good product that comes out of your program serves as an example that you don't have to go down the drain with the rest of the general communities.

I have other questions, to which I can't get an answer in my community, so maybe you can help me. As we search to cut off the international trafficking of drugs, and as we know that an addict has the propensity to sell drugs in order to keep his own habit up, why is it that the community has been so restrained in really not taking the law in its own hands?

Mr. YOUNG. Well, Representative Rangel, I think that has a lot to do with how our community is situated. You see, when a young black in our community reaches the age of 18, he becomes a nonperson. I mean to his parents, he must either be in school or he must be gainfully employed, or he cannot live there. So at an age when proper identity would mean most to him in terms of being a man, he becomes a nonperson.

His mother has to slip him in and out of the house because he is not allowed to live there because she is a welfare recipient, and if it is known he lived there, either her checks will be stopped or her rent will go up. Either way, the family suffers.

What we are afraid of and what we are gradually seeing, your gang structure, especially here in Chicago, you have dropouts of 10, 12, 13, and 14 years old. What you are going to have, people like yourselves and other members of the boards if they don't take some effective type of steps, you are going to have much more violence by addicts. The veteran coming back from Vietnam is going to be much more political. The young black person is much more political.

The individuals you have coming into the drug scene will be much more violent. The gang, in the sense of drug jargon, is dying. There are no more pickpockets, no more drifters, no more con men. There is a generation gap among the addicts. So you see we are not passing the game on. It is not being handed down the way it was handed down to me.

So what you are getting is rip-off, you are getting your stickup men and your killers, and unless something is done, this is exactly how it is going to turn out. Unless the community like mine is given an opportunity to raise its economic level, in the years to come the suburbs will be the same way, because you are talking about individuals who have been trained to kill, to bomb, to take what is necessary in order to survive.

You are talking about people who have been trained to survive. When they come back with habits, they are going to be dangerous. They are going to be detrimental to this country unless you have some desirable program they can come into and give them some type of alternative, a choice.

My concern is young blacks. That is my thing.

Mr. Rangel. I am glad that you pointed out to the committee the necessity of different modalities in dealing with an addict, because it is sometimes shocking to me to hear people from affluent families indicate that they had an argument with their parents and, as a result, were chased into the drug scene.

It seems to me in the poorer communities you can argue and fight and do what you have to do at home, but once you have that habit, it is difficult to adjust to the other depravations that exist in that very same community. There is nothing to rehabilitate to.

When a person is untrained, you can detox, you can have him find his identity, you can use all of the psychological and psychiatric language you want, but if the man is hungry and unemployable, then you still have a potential addict, or, as you say, a potential rip-off artist.

Mr. Young. I agree. I am not sure that that in terms of psychological approach, I am not sure it is really relative to us. I am not sure men like Adler and Jung and Freud had us in mind when they created their works. If it is true that environments develop the psyche, it doesn't apply to us at all.

So our approach is a little different, we feel. We haven't found it relative. We haven't found it in psychological terms we often hear, we cannot apply them in our community, they do not apply to our blacks.

Mr. Rangel. Do you have in the black community, the development of the black con artist getting into this drug rehab business and finding that sometimes, because of political influence, they are able to attach. I don't know whether you have any of that type of money at all in Chicago, but it has been my experience in New York that Washington, not really knowing how to deal with the problem and sometimes feeling guilty, and knowing that black people are just confused and hopeless, that certain people have been able to come to Washington and say, "I can help you," and they get funded, and other programs are not funded.

Do you have a competition among the black rehab centers for State funds?

Mr. YOUNG. No, not in our particular case. Fortunately, our clinical director is a product of the street, Matt Wright. We consider him a strong leader and we feel our screening process doesn't allow that to happen. It is conceivable that a black con artist might come in and rise to the top.

Mr. RANGEL. But you are lucky. If you are saying the director of the program has the knowledge of the street, then I can see why you would not have the same problem I am having.

Mr. YOUNG. He is a product of the street. We feel he is a strong leader and we have confidence in him.

Mr. RANGEL. Thank you.

Chairman PEPPER. Mr. Young, you are very, very moving in the eloquence with which you present the matter. You feel that in communities like yours, the poverty and life style among the people—and lots of them are unemployed—that the drug problem is worse than in affluent neighborhoods and areas?

Mr. YOUNG. Of course it is worse. You see, you are talking about the kid who comes from a middle-income family, you see, like he is going into a therapeutic community and stay a lifetime, you know. Or if he decides to come out of the therapeutic community, he is not immediately pressed to help share the expenses of that family. He comes back to a home that probably has a $25,000 or $30,000 yearly income.

He doesn't have the problems that exist in our community. You know, we are not saying that the problems are not the same. We are saying white suburbia must take a look at the black ghetto and gain experience from it.

Chairman PEPPER. You are suggesting that drugs are an escape from the conditions that so many of the people live under in your community.

Mr. YOUNG. What I am saying is we are not sure that in some sense it might not be an ulterior motive. It is conceivable to me and to my staff that men like yourselves, in dealing with 22 million people, cannot see the confinement here, cannot see the suppression here. We feel there should be opportunities created by individuals like yourself; or what is voting all about? What is it all about?

Like when you talk about representation. You know, it almost goes back to the Boston Tea Party. To some extent, we are not being represented if our needs are not being fulfilled. We need opportunities, we need job training, we need jobs, we need better and higher education. We need better voter registration. We need some of the things that we hear about, some of the things we see on television.

Some of the things we do not have an opportunity to experience, simply because we are isolated and we are suppressed.

Chairman PEPPER. Now, undoubtedly, the first prevalence of drugs discovered in the country was in what you call the "ghettos," in the lower economic area. It seems also that drug addiction has now spread into the affluent parts of every city in the country. In my city of Miami, a little while ago the son of the head of one of the largest financial institutions in the South, after taking drugs for 2 or 3 years and going through two or three treatment programs, all of which were a failure, died from a dose of heroin.

That boy had everything to live for. He was 18 years of age, had a beautiful home, and everything he needed, and would have inherited a fortune. And yet, somehow or other, he was susceptible to drug addiction.

However, we have had testimony from a number of other people, in other cities, that drug abuse is associated with emotional instability. They tell us that in the schools the young people who usually fall into the abuse of drugs are ordinarily young people who have problems of some sort, sometimes emotional stability problems, sometimes they are home problems, sometimes they are personality problems, and the like.

Sometimes they are trying to conform to the habits of the students with whom they associate. Perhaps, some of them are trying to escape from disagreeable circumstances.

But I can well understand how you have all of those problems and then you have the economic problems that probably accentuates these other problems.

The U.S. Congress in 1946 passed what we call the Full Employment Act, under which the Government of the United States committed itself to create an economic climate in this country which would make possible a decent job for every person, were they were willing and able to work.

Now, there is nothing wrong with that law. We just haven't implemented that law, or lived up to that commitment. We have 5 million people reported jobless in the country. There are probably a lot of people in your community who are unemployed who are not included in those figures.

So I certainly agree with you that the rehabilitation of our people, of our communities, is a desirable objective, if not an imperative one, in pursuing the national health and welfare.

But this drug problem also has distinct peculiarities that we have to wrestle with. I want to ask you, have you discovered a broad prevalence of drug abuse in the schools of your community?

Mr. YOUNG. Oh, yes. Yes. You see, like I imagine if you would try to equate it, you would have to say the school is something like the primer. It begins in the school. It goes along with it. It is part of the curriculum. Drugs are a part of the curriculum.

The young black, he doesn't rebel for the same reason that the young white kid does. The young white kid, from my own personal experience, from the ones I came in contact with, rebelled primarily from the hypocrisy he sees going down in the suburban homes.

The young black doesn't do that. You know, here comes once again lack of opportunities, lack of jobs. We are not sure that it is even relative. And throwing them together, when we took the young people out of our community and tried to carry them into the inner city to the clinics we have there, they could not relate. They were what we consider urban rural blacks. They did not have the same things in common that the inner city young blacks had, but they were both narcotic addicts.

So you see, once again you get back to opportunity and alternatives and a right of choice. What we don't have.

Chairman PEPPER. I will ask the young man here, Mr. Jones, do you find that the drugs are available for sale in the school?

Mr. JONES. Yes.

Chairman PEPPER. Are they generally sold by the students there, or do the pushers come on the campus?

Mr. JONES. Students and pushers.

Chairman PEPPER. Do the students generally get the drugs from the pushers off the grounds of the school or before they come to school?

Mr. JONES. And during school.

Chairman PEPPER. Somebody gives them the drugs on the school grounds?

Mr. JONES. Yes, and during school; yes.

Chairman PEPPER. Well, is there a police officer around the school?

Mr. JONES. Yes; but you know, like it is around two or three and they are not up to nothing good anyway. So, you know, like that is that.

Chairman PEPPER. The pushers, I guess they change their identity. I guess a different pusher probably comes around, so perhaps he would not be recognized by the officer?

Mr. JONES. No.

Chairman PEPPER. The same one comes back repeatedly?

Mr. JONES. Yes.

Chairman PEPPER. Well, does anyone ever report the pusher to the officers that are there?

Mr. JONES. There is no one to report to.

Chairman PEPPER. There isn't an officer anywhere around the school?

Mr. JONES. Well, like if an officer made a bust, you know, a person with some marihuana, you know, like he scorned him about it and joked about it and took it away from him and tells him to get out of there.

Chairman PEPPER. What about the principals? Do they do anything about the drugs in the schools?

Mr. JONES. From what I heard and what he told me, you know, I haven't really asked the principal myself, but he said it wasn't a drug problem up there.

Chairman PEPPER. Oh, he said there wasn't any drug problem?

Mr. JONES. He said it.

Chairman PEPPER. What about the teachers? Do they do anything about it?

Mr. JONES. The way I see it, you know, just like 5 percent of the teachers up there, they care about it. The students know they care and they are not going to allow them to do it around them, so they take it out and hide. And the teachers that are scared of them or the teachers that don't care, like it is just a blank person. Nobody. You know, they just do it in front of them. Handing it around them anyway. It doesn't make any difference.

Chairman PEPPER. Do you know whether any of the young people in your community have gone to any of these clinics where they stay in residence until they are detoxified?

Mr. JONES. Yes.

Chairman Pepper. Then they come right back to the community after they get out of there?

Mr. Young. Yes.

Mr. Jones. Yes.

Chairman Pepper. Probably back through the same route again?

Mr. Young. It depends. Fortunately, as far as our particular clinic is concerned, we have been able to hold on to what we consider are the leaders. We function on the basis that drugs are a disease, so we took out the leaders. We took out what normally would have been gang chiefs, subchiefs, ambassadors, spokesmen, advisers. We took 12 of them out and carried them to a therapeutic community and brought them back as roving models.

On the basis of that, they have been able to relate to other young people. So, in our particular instance, no, it didn't work. I am not saying the same thing could happen in the inner city. You see, you get once again back to our community being so isolated.

Mr. Rangel. Mr. Chairman, there is such a relationship between his experience and mine, I just wanted to extend this.

Do you find that most of the teachers in the public school system live outside of the community?

Mr. Young. Oh, yes.

Mr. Rangel. And we have found that many of the teachers, for a variety of reasons, would rather ignore the problem, whether it is professional or they just won't want to trouble. We even heard that they are afraid of civil lawsuits in case they make a mistake.

Do you think that if Federal funds were available for the educational system, that perhaps some of your graduates could be assigned to the schools, not as policemen, but more or less as teacher aides, in order to identify the brother, in order to use that language that perhaps the teacher was unable to understand because of their restricted educational and community identification with the problem, where it would give you an opportunity to put counselors in the classrooms and in the halls, and at the same time give the students the opportunity to come in confrontation with someone that they cannot con, that understands the problem?

Have these types of programs ever been studied?

Mr. Young. Well, we suggested in our own particular community that our schools accept two cons as part of the physical education curriculum. Like you would have a member on the faculty. We wanted a brother and sister added to the faculty free. They were willing to volunteer. At that particular time, the principal felt they didn't have a drug problem.

But what you are saying is true. You actually need drug counselors in every school in Chicago that I have been into, as far as blacks are concerned. I can't speak for other schools. But I have a wide range. I went from one school to another when I was a kid. So I am accustomed to the different schools in our city.

There should be a male and female counselor in every school in Chicago.

Mr. Rangel. Mr. Chairman, I think this is an extension of the conversation we were having yesterday where there is such an emphasis on psychiatric and professional people there, and I think it is safe to say that addicts, black and white, now have learned the language of how to con these people to get them off their back. But I think it is difficult to con somebody that has been through this experience himself.

So while you are out there with a preventive program, it might provide, especially in the larger cities, a meaningful job opportunity and since it is so closely related to education in the schools it could very well be that an opportunity would be given to the counselor to extend and continue his education as he works with the youngsters. This committee is going to give that a great deal of thought and if you could, feel free to write and add and implement it, understanding that we know this is not the answer, but politically we are trying to get what funds are available and what we can get out, because tragically, I don't really think this Government is prepared to meet the moral needs that we talked about earlier.

Mr. **Young.** Well, when I first came, if I am not mistaken, I gave some papers to Chief Counsel Joseph Phillips. A proposal that we had made to our particular schools, although it wasn't accepted. But we think you are on the right track if you are speaking about actual drug counselors going into these schools.

You also need drug workshops for the teachers. The teachers must be aware of what the particular drugs are in their particular community. You see, in white suburbia, you might have polydrugs, hallucinatory drugs. In the ghetto, you might have hard drugs. The teacher must be aware of what to look for, what symptoms to look for, and what you take, and to relate to after you take it, because the teacher can be conned like the psychiatrist can be conned.

I agree to some extent with what you say about psychiatrists, but I think at a certain point, certainly, psychiatrists do transcend that and they are in touch and there are certain psychiatrists, especially in our program, who are in touch.

Mr. **Rangel.** No, no, no. I didn't mean to put down the profession. You need this type of training for backup, but you certainly do not need it in every class and every hallway and every washroom, where you can relate to the problem.

Mr. **Young.** That is true. We think a psychiatrist should be put in his proper perspective. At the present time, we don't think it is proper perspective where the young black is concerned.

Chairman **Pepper.** Gentlemen, you have very ably pointed up not only the drug problem but other problems that are very much the concern of this committee and should be the deep concern of every American. I hope, some way or another, that all forces together can eliminate these conditions that you have spoken so eloquently about here today.

Thank you all very much for coming.

Call the next witness.

Mr. **Phillips.** Mr. Chairman, the next group of witnesses is a group of educators from Chicago. Mrs. Penny Meisler, who is a teacher in the Chicago system; Mr. Clarence Becker, who is a drug abuse coordinator and teacher in the Chicago system; Sister Katie Roenitz, who is a drug counselor and teacher in the Catholic school system here; Brother Robert Ryan, who is a teacher in the Catholic system here; and Dennis Radtke, a guidance counselor in Luther North High School.

Could you please come forward.

I think we will start with Mrs. Meisler.

STATEMENTS OF PENNY MEISLER, TEACHER, PUBLIC SCHOOL SYSTEM, CHICAGO, ILL.; CLARENCE C. BECKER, SCIENCE CONSULTANT, AREA C; SISTER KATIE ROENITZ, DRUG COUNSELOR AND TEACHER, MOTHER GUERIN HIGH SCHOOL; BROTHER ROBERT RYAN, ASSISTANT PRINCIPAL, MARIST HIGH SCHOOL; AND DENNIS RADTKE, GUIDANCE COUNSELOR, LUTHER HIGH SCHOOL

Mr. PHILLIPS. Mrs. Meisler, can you tell us how long you have been with the Chicago educational system?

Mrs. MEISLER. On and off for 13 years.

Mr. PHILLIPS. You are a grade school teacher?

Mrs. MEISLER. Elementary teacher.

Mr. PHILLIPS. Could you tell us what you believe the conditions to be in relation to drug abuse in the schools?

Mrs. MEISLER. Do you mean the use of drugs within the schools or do you mean——

Mr. PHILLIPS. The use of drugs by schoolchildren.

Mrs. MEISLER. Tremendous. Tremendous. I would say by the time our children reach the eighth grade, at least 80 percent of them have tried something, even if it is just what is in the medicine cabinet at home. Alcohol—fantastic. Marihuana.

Mr. PHILLIPS. Do you find that with the eighth grade kids here?

Mrs. MEISLER. Yes, sir.

Mr. PHILLIPS. And you think the problem is tremendous?

Mrs. MEISLER. Yes, I do.

Mr. PHILLIPS. Could you tell us whether you have done anything about the problem, or tried to do anything in the system about it?

Mrs. MEISLER. Yes. We are very proud of what we have tried to do, with fantastically limited amounts of money, by the way. In our district, we had set up a pilot last year and we had approximately $2,000 in money to train teachers in our whole district.

Mr. Becker, who is here today, also, was training the teachers for this pilot. Teachers were released from their classrooms for a few hours a week to go to these training sessions. We did work on our own. We did traveling, field trips, we went to existing facilities, and last year I was allowed to teach drug education classes in the seventh and eighth grade at my school.

We believe that this was the only elementary classroom teaching that went on last year.

Mr. PHILLIPS. That is the only elementary school teaching that went on?

Mrs. MEISLER. As far as a set-up program that we were trying to develop, as far as a curriculum development program. There were teachers doing work in the classroom, but most of them didn't have any time released to do study.

Mr. PHILLIPS. I think we started off with the problem of education of teachers, and you said that is inadequate?

Mrs. MEISLER. There is almost none. It is not that it is adequate.

Mr. PHILLIPS. "Nonexistent" would be a better word?

Mrs. MEISLER. Right. Yes.

Mr. **Phillips**. So the teachers who are running the system and teaching the kids have actually no training at all in handling this drug problem that is confronting them every day?

Mrs. **Meisler**. We feel in our school, in district 3, there are two teachers in almost every school in district 3 who are now capable of working with children in the field of drug education, who themselves feel they are capable of doing this, who have had training.

But they are classroom teachers. They are attached to one classroom. How many children can they touch per year?

Mr. **Phillips**. So, there is a very, very small, almost miniscule, number of teachers who have any training at all, and they are not teaching broadly across the school group. They are teaching a regular class and they are just incorporating for that class the educational program?

Mrs. **Meisler**. Yes, sir.

Mr. **Phillips**. Could you tell us what the teachers' reactions are, so far as you know, to drug abuse by the kids in school? What they do about it?

Mrs. **Meisler**. You mean if they see a child on drugs?

Mr. **Phillips**. Yes.

Mrs. **Meisler**. Sometimes I get a letter from a teacher in our building saying, "How do you know if a child is taking something," which is a great thing to get. And I say, "I would ask them if they were, you know, if I really thought they were." And the teacher said, "Well, you know, I can't do that. I can't do that."

And that is true. Most of the teachers can't do that. It is very dangerous to do that.

Mr. **Phillips**. Please explain that.

Mrs. **Meisler**. The point is we have been trying to get legislation through this State to give us some kind of privileged communication with the students. A lot of times students will come to teachers whom they trust and tell them things. Now, we are holding materials in our head. It is really our duty, according to what I have been taught as an educator, to then call in the parent, who is the legal guardian of the child, and say, "Look, your kid brought this to me."

A lot of the time, the problem is the kid can't communicate with the parents to begin with. If they could, they wouldn't tell us about it. At the same time, we can be sued if we call a parent in and say, "We think your child is on drugs. Your child came to us and said he has been using or experimenting with drugs."

Depending on the type of person the parent is, he can come back to us and say, "How dare."

Mr. **Rangel**. We have heard a great deal of this, and most of us are lawyers, but we haven't heard of any cases where any teachers have been sued in attempting to tell a parent something which a parent may or may not believe about his child. Why is it so believed among educators that they can be sued? Do you have any personal experiences, or any priodicals that you read from the unions, that you can be sued?

Mrs. **Meisler**. No.

Mr. **Rangel**. We are not talking about false arrests or defamation of character or anything. We are talking about a teacher, and if I can recall correctly, my teachers have been wrong about a lot of things and have never been sued, inciuding, "I'll wind up in jail."

But why do we find among educators in all of the towns we go to that, "We would like to do it, but we are afraid we will be sued!"? What generates this fear?

Mrs. **Meisler.** First of all, I didn't say that. I said that is what people tell me. I am not afraid of being sued, Mr. Rangel, but how many cases do you know of teachers who did call in parents and say this?

Mr. **Rangel.** Say what?

Mrs. **Meisler.** You know, that got sued, but I don't know of any teachers who called parents and said, "I think your child is on drugs."

Mr. **Rangel.** So what you are telling the committee is we are really going to have to help in educating the teachers, that they should not be afraid of lawsuits, nor should they be hypocritical and hide behind this facade, that this is the fear when they just don't want to get involved?

Mrs. **Meisler.** I agree; yes.

Mr. **Phillips.** So, essentially, you feel when the teacher observes a narcotic problem, that her duty is to report it to the parent?

Mrs. **Meisler.** No.

Mr. **Phillips.** You don't believe that is the duty?

Mrs. **Meisler.** Not necessarily. I think it depends on the situation.

Mr. **Phillips.** I would agree. Does the school facility have any counseling program that you could refer this child to who seemed to have a problem?

Mrs. **Meisler.** Not if the problem is drugs. Not within the school. We have liaison facilities that we are aware of in the communities.

Mr. **Phillips.** But not in school?

Mrs. **Meisler.** Not within the school; not for drugs.

Mr. **Phillips.** That is true of the entire city of Chicago?

Mrs. **Meisler.** As far as I know. I don't know the whole city that well. But as far as I know.

Mr. **Phillips.** Tell us what you think should be done about it.

Mrs. **Meisler.** Yes. I think some commitments should be made. I think perhaps we should start in Washington. As long as you gentlemen are from Washington, maybe you will take the word back for me.

Mr. **Phillips.** That is what we are here for.

Mrs. **Meisler.** Rehabilitation is a very, very important thing. But with the number of addicts going up every year, I think it is fairly evident that as much money as we can pour into rehabilitation, we still are getting additional people on drugs every year. Even when the statistics are watered, there is an increase, much less if we could actually get straight statistics, which we don't know when we are doing drug counts because half of the people aren't discovered.

We need money for educational programs in the schools. We don't have funding. We are writing a drug proposal right now for our district, and also I know of one being written for the city, asking for Federal funding.

We worked on it all summer, but we didn't have any guidelines because the guidelines weren't available. We also don't have anyone to help us write it. We are really laymen as far as this.

Mr. **Phillips.** You are doing this on your own time?

Mrs. **Meisler.** Yes, sir. I am doing it on my own time. I am doing it with other teachers, administrators from the board of education, community PTA representatives, people who have volunteered to do this. The only people who are salaried at all are the board of education people and our district allows them to help us because they are interested and aware of our problem.

Mr. **Phillips**. The school system has not initiated this program?

Mrs. **Meisler**. The school system is initiating a similar proposal from downtown, I understand. I have not seen the proposal, but I know who is writing it.

Mr. **Phillips**. The one you are talking about is one you people instituted?

Mrs. **Meisler**. Right. This is the grass roots; right. When we started, there were none.

Mr. **Phillips**. You are saying, first of all, money should be made available.

Mrs. **Meisler**. Okay.

Mr. **Phillips**. What would you do with the money if you had it?

Mrs. **Meisler**. Okay. The proposal we are writing includes a program we are ready to bring in and we would start with teacher training, parent education, and at the same time, classroom demonstration, work of integrating the curricula, so that drug education doesn't have to be a period a week or five periods a week, or take away from reading programs, which is what people are very concerned about.

Drug education is a part of life, like drugs are a part of our life now. It can fit in with almost any curriculum. We can fit it in with science, social studies. I can fit it in with mathematics, if you push me, you know.

Mr. **Phillips**. That is a hard one.

Mrs. **Meisler**. I am a math major.

Mr. **Phillips**. Well, you can use an existential theory to show that drugs are really rapidly expanding.

Mrs. **Meisler**. The only thing I would be careful of is giving out formulas.

Mr. **Phillips**. Perhaps, Mr. Becker, you could tell us about your experience with the drug problems here.

Mr. **Becker**. In reference to the problem in Chicago?

Mr. **Phillips**. Yes.

Mr. **Becker**. I don't think it is any longer a question of "if" drugs are being used by elementary school children but rather what are the substances and at what grade levels are they being used in a particular school situation. The drug problem varies from school to school and the pattern of drug abuse, in terms of substances of choice, is constantly changing.

In some situations, the kids are into pills and hallucinogens, and in other areas it is alcohol, and marihuana, and wine. In some instances glue, gasoline and other volatile substances.

Mr. **Phillips**. What would you say about the present educational facilities for teachers here in the system?

Mr. **Becker**. Well, with the limited amount of money that we have had, we have had $4,000 over a 2-year period, 1970–71 and 1971–72.

Mr. **Phillips**. Do you know how much that averages per student? Is it a penny a student?

Mr. **Becker**. I don't know what it comes to per student, but it comes to 25 cents per teacher per year in area C.

Chairman **Pepper**. Where did that money come from?

Mr. **Becker**. It came from the Federal Government through the State office of public instructions, through the central office.

Chairman **Pepper**. For drug education?

Mr. **Becker**. Right. For teacher training.

Mr. **Phillips**. So that is all of the money you have had, $2,000 for education? Yesterday, we had a gentleman here who had $7 million for rehabilitation.

Mr. **Becker**. Well, I think this is one of the problems in education. We have been conditioned, since Sputnik when a great amount of Federal funds were put into the schools to update the science programs, to expect financial help to meet a crisis. When a commitment is demonstrated in dollars and cents, it becomes meaningful to people.

You talk about what Jaffe has. These figures are widely publicized in the newspaper. The amount of money going into treatment programs is enormous. Then you come to someone and they say, "We would like to develop a program with you," and they say, "How much money do you have?" We say we have $2,000 for 8,000 teachers.

We worked in an area a year ago where "Alternatives" is located. Dr. Senay mentioned Alternatives yesterday. They had received through the Safe Streets Act, something like $180,000 to work with, plus an additional $25,000 or $50,000 from the Jewish Federation. We walked in to that area to work with the schools with $2,000 in our pockets and the people could hardly take us seriously. They couldn't take our commitment seriously when they saw the amount of money going into educational programs as compared to treatment programs.

Mr. **Phillips**. You would say it is vastly disproportionate. I think Mrs. Meisler suggests that it is a waste of money, or that we should be putting more money into prevention than treatment. We don't seem to be making too much progress with treatment?

Mr. **Becker**. I think that is where it is at. And another point, administrators and teachers have never been mandated to perform a task in a school with less professional or academic preparation. There are virtually no drug courses offered on university campuses. There aren't any method courses available to help teachers to translate what they know about drugs into action in the classroom.

We have all sorts of expertise from Ph. D.'s and treatment people, and in terms of the legal and the pharmacological aspects, but in terms of translating the information into meaningful experience for kids in the classroom in a preventive program, to give kids an opportunity to make choices, to make decisions, to consider implications of what they do, and to consider alternatives of behavior patterns, our teachers are in need of this kind of training.

Mr. **Murphy**. Mr. Becker, may I interrupt at this point. Mr. Rangel, in his dialogue with Mr. Young, brought up the suggestion that we take some of the graduates from Day One program, or the Gateway program, the same per level as the students, and have them come in and instruct the students.

Mr. Young, I think, indicated that he made a proposal to the board of education or to some school district that they would like to work with the teachers on a voluntary basis. How do you think that would be received? Do you see any merit in that suggestion?

Mr. **Becker**. For some young people, yes. I think that we can't categorically say, "Here is a body of kids to work with." We have kids at varying levels of sophistication and drug experience. You have kids that don't use drugs under any circumstances. They are super straight about drugs. There are kids who occasionally do drugs on the weekends, kind of a special occasion, acid or pot, or maybe alcohol. And kids that get high every day, kids that are stoned in school every day, and the kids that have a serious problem of dependency.

So you are working with a lot of different kinds of kids. I think when you are talking about kids that have a heavy commitment to drugs, I think the ex-addict can be very helpful because they can't con them. But with kids that have not had that drug experience, the ex-addict very often comes on as a model. This kid has bottomed out, he has come back, he is articulate, he has a responsible position now. Maybe drugs aren't so bad after all.

I think we have to be very careful of that.

Mr. **Murphy.** Do you agree with one of our witnesses yesterday who said overexposure can be a danger, too?

Mr. **Becker.** I think the approach in education has to be subtle. It has to be interdisciplinary. It can't be a crash program. You can't make them think drugs are a big thing and I am kind of stupid if everybody is doing it, because everybody is.

I don't think all kids are doing drugs and I think many kids realize the seriousness of taking drugs, but there is a lot of peer pressure to do drugs. If I were to give reasons for kids doing drugs today, I would list acceptability, availability, and peer pressure at the top of the list.

I had a teacher not too long ago say to me she noticed her daughter being very suspicious one morning. She approached her and the daughter was pushing vitamin pills into a Milky Way. The girl stated that there was a group in school she identified with and she wanted to be part of. They were into drugs and she was afraid of drugs. But she was going to make them think she was doing pills, too, and by putting vitamin pills into a Milky Way.

It isn't just at that level. It goes down. A woman from a hotdog stand told me that there were kids in primary grades, kindergarten, and first grade, smoking marihuana around the stand with the high school kids and college kids. She said, "I told the parents, other people in the community, but no one believes me."

They don't want to believe it.

Mr. **Murphy.** You answered my question. I think we ought to expose it. I think we ought to talk about it in a rational way and marshal the forces of Government, the educators, the home, and the total community.

Mr. **Becker.** Yes. I think that the only possibility of success is with a total community approach, the school and the parents and the community resources.

Mr. **Murphy.** You won't do this unless you expose the problem. Accept the idea that we have a problem. I think this is the first step.

Mr. **Becker.** Oh, yes; an assessment of the local problem. Every school in Chicago has a different kind of problem, the substance is different, the communities differ, and they must be explored by their own people in the community to assess their own needs.

I think it is critical to have a parent education program, because the parents contribute a great deal, I think, to the model they set for their kids. Their drinking habits, medication practice, where you have medicine lining the sink, medicine on the kitchen table.

I thnk improving communications with the parents; the kids aren't as freaky as some parents think they are. I don't find the communication gap with kids. I find the communication gap with people. Some of my peers I have more difficulty relating to than I do young people. I don't think age is a factor at all.

Parents are concerned about, when is my kid doing drugs? How do I know? Looking in his eyes, whatever. I think teachers, and parents as well, should be looking for behavioral changes, changes in friends, changes in school habits, changes in quality of work, change of interest, this kind of thing. When these things are observed, then you can work with a child and deal with it, not after he is into a drug dependency. That is too late.

Mr. **Murphy**. Thank you.

Mr. **Phillips**. One of the things you mentioned, Mr. Becker, was the straight kid. I have been told, for the first time in Chicago, some rather startling facts. I guess, perhaps, I just never noticed them in Miami or New York. But I think you were one of the ones who initially told me about it, about the fear of a straight kid going to the cafeteria and leaving his coffee or Coca-Cola bottle. Tell us about that.

Mr. **Becker**. This is very real, of leaving drinks around where some kids will drop acid in there or something in the drink. As a matter of fact, a couple of young people shared with me they were getting on the elevated train and a kid said, "Do you want a couple of tabs?" And they said, "No."

Chairman **Pepper**. They did what?

Mr. **Becker**. "Want LSD?" and they said, "No," they didn't do it. The seller said, "Buy one anyway. It is only 50 cents, and you can drop it in someone's drink in the cafeteria. Drop it in some straight's coke and watch them go up."

You know, it is great fun. I think this is a serious problem.

Mr. **Phillips**. The incident was brought to our attention, the fact a young lady—she was a "C" student and rather a gregarious girl, and she said she could no longer go on blind dates. She could no longer go to parties because the abuse of drugs was there and that she was concerned that straight kids were being really overcome by the drug kids and that no one was giving the straight kids support.

Do you think that is a realistic situation?

Mr. **Becker**. Yes. I think we have to bring many opportunities for these straights to get into things that are meaningful to them. I think someone mentioned earlier alternatives. When I was going to school, if you were in the band or on the football team, or something, this was the big thing to do. Many kids aren't buying that jocking and marching band kind of thing right now. At least the organization of the band. But I think there are many other alternatives.

Kids are into social reform, political action, into the ecology movement. I think we can plug them into tutorial programs. High school kids can work in elementary schools as tutors, in bilingual programs with children with language handicaps, as play leaders, visiting old people's homes and in all kinds of things where they can relate to people, and get high on life by working with people and feeling good about it. And it works both ways when high school kids work with the elementary schoolchildren.

Chairman PEPPER. Mr. Becker, I think you put your finger on it. I think the school authorities are going to have to do a lot of hard thinking about improving the curriculum, improving the appeal that the schools have to the children, to provide more inspiration to them, to activate them, as you say, in the programs that are meaningful to them. It is not just a matter of teaching what is in the book in a sort of prosaic and routine manner any longer.

You have got to train to life style. You have got to excite the students about life, and you have got to show them the fullness and challenges of it.

Mr. BECKER. I agree to that. But I think in terms of curricula materials, there are enough materials available now to teach about drugs. I think it is a matter of helping teachers to develop methods. We are now into process science, which is a nontext book approach to science. Before teachers are asked to use these programs with children we provided them with from 16 to 20 hours of inservice to acquaint them with the materials and range of experiences possible in a classroom because it is a new approach for them. I think drug education is a new approach for teachers. It is a new way of dealing with kids. It is a new way of working through things and it requires inservice for teachers.

Mr. PHILLIPS. Do you think every teacher is capable of handling a subject like that?

Mr. BECKER. No.

Chairman PEPPER. There is a Federal program, I think it runs into a good many millions of dollars a year, under which the States and communities can get assistance in drug education. But as I recall it, what they are talking about is showing them films, showing them pictures, giving them lectures on how bad it is to take drugs, and showing tragic cases of people who suffered from taking drugs; and that sort of thing.

Is that kind of education, in your opinion, effective with the young people?

Mr. BECKER. No, it is not.

Chairman PEPPER. It is very interesting to hear you say that, because a man who is conducting a very good peer group therapy program at Fort Lauderdale, Fla., called the Seed, induced the school authorities to quit using that kind of program. He said it was educational in getting them into the drug abuse rather than preventing them.

Mr. BECKER. Any kind of program materials with scare tactics, moralizing, or pontificating, is doomed to failure.

Mr. PHILLIPS. You said you didn't think every teacher was capable of handling drug education role or counseling role. Could you elaborate on that?

Mr. BECKER. I think drug education, anything dealing with attitudes or behavior, is very much like a sex program. Some people have serious hangups about these things. They can't deal with them. They can't talk about drugs without preaching about them, talking about drugs being evil.

I think the program we are talking about is that drugs are all potentially dangerous substances, but with proper use, under certain circumstances they are very beneficial. We work, starting in kindergarten, with a positive approach to use of medication, examination of medicines, what they do for us, how they are to be used, stored, disposed of, who administers them, under what circumstances, and gradually increasing the level of sophistication of the kids as to what these substances do and the pharmacology of them, historical aspect of drug abuse, legal aspects of them, why they have laws, how laws protect us. This kind of thing.

Mr. PHILLIPS. Sister Katie, could you give us your view about the extent of drug abuse in the schools you are familiar with?

Sister KATIE. Roughly, from what I have heard thus far—I am at a Catholic school—I see little difference at all. We are still working with human beings. We have a problem. There is no doubt about it.

I imagine our administration is not aware of the depth of the problem. We are not able to cope with it, and the funds available to the public schools are not available to us. We have no program in our school right now except for counselors and teachers who are interested.

We are thinking perhaps a program which initially, $1,000, $2,000 to start us off, mainly in teacher preparation. The kids know what is going on. The teachers don't have any idea what is going on. Administration is very foggy about it in almost every school. But it is not that they don't want to find the problem, it is they don't know how to cope with it.

We have everything from top to bottom in different quantities in our school. I can't give you percentages. They aren't too valid. It is hidden.

Mr. PHILLIPS. Can you say what types of drugs are available to the kids?

Sister KATIE. I know we have marihuana in general use. Pills are quite a bit now. We have just added 400 extra students so the kids are being enclosed tighter and tighter into the school, which means there is less room to smoke marihuana; therefore, the pill consumption goes up, which is an interesting fact.

But I know of maybe four that have used heroin, but that is—this is from my own knowledge—I don't think it is a major. It is a problem but it isn't a major problem at present, to my knowledge.

Mr. PHILLIPS. Heroin would not be a major problem percentagewise?

Sister KATIE. Percentagewise.

Mr. PHILLIPS. Would you take the view one heroin user in high school was just one too many?

Sister KATIE. Yes.

Mr. PHILLIPS. Mr. Radtke, you have some experience with the Luther North High School here in Chicago. Could you tell us about the problem as you see it?

Mr. RADTKE. Three years ago I came to the school and right away—not right away, but within a month or two—I realized that we did have a great problem. I didn't have any survey or any statistics at that point, but a number of students that I came in contact with, I realized were stoned or were having some kind of difficulty, and people that they talked about that they knew were doing some type of drugs. I was estimating that we had about 80 percent of the student body, or

85 percent that, if they were not doing it regularly, they had sampled it. They had experimented, had some kind of experience with drugs.

At first, this was unbelievable to me, that people in the administration and our counseling staff were unaware of the drug problem, and did not want to accept the fact that we indeed had a problem.

Mr. PHILLIPS. Many administrations seem to have the same trouble of learning the facts.

Mr. RADTKE. Right. But then, within a couple of years, they became more aware. We had a couple of cases of people overdosing and we had to take them to the hospital and contact the parents, and so on, and they became more aware. They knew we did have the problem and they did start to realize what the scope of the problem really was.

I conducted a survey then. The students conducted a survey, actually. I had a group of people which were interested in what was going on in the school and they conducted the survey among a freshman class. It turned out that 18 percent of the freshman class had used, or were using, marihuana and that 9 percent had used or were using harder drugs, any kind of pill.

Mr. PHILLIPS. That is just the freshman class?

Mr. RADTKE. That was just the freshman class.

Mr. PHILLIPS. The seniors were probably even further into it?

Mr. RADTKE. I don't have any doubt in my own mind, but I don't have any statistics to back it up.

Mr. PHILLIPS. Do you see the problem as getting better or worse?

Mr. RADTKE. This is strange. Within the last school year, I saw it growing to heights that it never had reached before, but now, I get the feeling drug use is declining. I think that we are concentrating on the problem, we have had programs which have flopped, but then we started to realize the answer was in programs or having a drug day, or drug week, or even drug information as necessary as that is. It was a problem of what was brought out by Mr. Becker and several other people, communicating, meeting these young people as people, respecting them as people, respecting their opinions, their viewpoints, and seeing them, treating them as human beings, as we ourselves expect to be treated.

Now, I think after our faculty and staff became aware of this problem, we tried to deal with it this way, not concentrating on the symptom of drug use but trying to get at the reasons or causes why these kids were getting into drugs.

I don't think that we have what you really call addicts, as some of the schools might have, but we definitely have drug usage, and I think that I am seeing a decline in our own school. This is, again, just an assumption, something I am feeling is going on in the student body.

Mr. PHILLIPS. Sister, can you tell us whether you think it is getting worse or better?

Sister KATIE. I tend to think our problem is increasing. I am not sure if it is different types of administration. The turnover in Catholic education has been great, limits have been destroyed which initially kept everything.

We do have a problem now where we still have restrictions so that it is hidden. It is there but it is hidden. So we all pat ourselves on the back and say we are doing a fine job, but it is there, and I imagine as we let down the walls the problems will become more evident to us. So I would say that, in addition to the general increase, that will be known to us more so in the future, also.

Mr. PHILLIPS. Would you explain it just a little bit more, on the hidden aspect of it?

Sister KATIE. I think most of you are aware that in many Catholic schools, the history, the rigidity of discipline has been present. But I think people are realizing maybe this wasn't such a good idea, trying to, as was suggested, make the students feel as though they have a brain in their head and they have something to say about their actions, not being told all of the time.

As we let the walls down and give them some responsibility, they take more initiative and then increased freedom allows them to be in different places at different times and do things they wouldn't ordinarily have the facilities to do them with.

So I think just the general freedom, going out on the deep end for awhile.

Does that kind of give you an idea?

Mr. PHILLIPS. Yes.

Mrs. Meisler, would you tell us whether you think the problem is increasing or decreasing?

Mrs. MEISLER. I am sure it is not getting better. I think what I see happening, though, is that, at least here, people are beginning to accept it more. People are less shocked at how young or, you know, what people are using. Parents are beginning to accept the fact that some children do drugs, and are almost willing to say to you, "Well, I would rather have them drink than use marihuana, so they let the kids have a little wine or something."

I have 13- or 14-year-olds come in and tell me they are hung over, and I am not that far out of the world. I am not ready for retirement yet, but it still surprises me.

And the parents know, the parents are aware and these are very young children.

Mr. PHILLIPS. Just before we get to Brother Ryan, would you just comment briefly on whether you think the situation is better or worse?

Mr. BECKER. I think it is getting worse. The level of abuse among younger kids is increasing rapidly.

Mr. PHILLIPS. Bob, you are teaching here in Chicago. Your main experience in the drug problem was in New York; is that correct?

Brother RYAN. Yes, Mr. Phillips.

Mr. PHILLIPS. Can you tell us what the experience of your school in New York was? I think it might, unfortunately, show up in Chicago unless we get some programs.

Brother RYAN. My position in New York was that of assistant principal, which was stigmatized as being dean of discipline. The name itself, of course, would scare off many of the students. We did have a setup between the guidance department and myself whereby we would search through the elementary school health records and attempt to foresee any cases of potential character disorders which could possibly lead to either a boy drinking—we were dealing mostly with boys at that time—or the possibility that a boy may go onto drugs.

Where we did see the problem actually evolving into one of drug use or alcoholism, we would refer this particular boy to a private guidance clinic for an evaluation. Within that evaluation, we would get a complete rundown of the boy, his background, the problem which the boy himself sees in himself, the influence that peer pressure, of course, played in his life, and the problem as the psychologist saw it.

With this information, the therapist would meet with the parents, as well as the boy involved, and would set up some sort of a program of therapy treatment which the school, of course, would go along with 100 percent.

In this particular program, the school would pay the greater financial cost of this evaluation and therapy. I am not going to say that parents were always completely receptive to the program. Some parents were scared. Some parents thought their boy was going to be thrown out of school, even though we assured them he wouldn't. Some didn't even care.

Mr. RANGEL. What school was this?

Brother RYAN. A private high school in New York City, St. Agnes.

Mr. RANGEL. Where was it located?

Brother RYAN. Forty-fourth Street, between Lexington and Third Avenue.

Mr. PHILLIPS. Would you tell us about the population, the economic and racial population of that school?

Brother RYAN. We are a very transient school, due to the fact that Grand Central Station is located one block away. We would get students from Queens, Brooklyn, as far out as Nassau County, Poughkeepsie, and New Jersey. So we had a real mixture of a student population from various socioeconomic backgrounds.

The greater percentage of the students did come from Queens and we found, for us, that Queens did present, perhaps, the bigger problem in this regard than other sections of the city of New York.

Mr. PHILLIPS. Would Queens be, in most sections, relatively affluent?

Brother RYAN. Yes, sir. Middle-class, blue-collar workers.

Mr. RANGEL. Most all of your students were middle income or higher?

Brother RYAN. That is right, mostly middle class. We had a population in the school at that time of 450, and I would say, that since we have been working on this particular problem, we have seen a decrease in the use of either heroin, speed, LSD, over the last period of 4 years in our school. That does not mean that the problem has been eradicated. The problem still exists, but decreasingly so. The alcohol problem is now increasing, which to me is as much a drug problem as any other type.

We have found boys using heroin within school. We have found boys using speed within school. We have found boys using pills within school. I had a parent who came in to me, brought me in some little yellow tabs of—he didn't know what—which turned out, of course, to be LSD, and said he found this in his son's pocket and didn't know what it was.

He also found some "brown stuff," which happened to be marihuana, and didn't know what it was.

When we talk about being naive with regard to knowledge of what drugs are, parents are very naive. Of course, that is a sweeping statement. Perhaps it would be more accurate to say that many parents are naive, as well as some of the teachers. Many teachers would not recognize heroin, marihuana, or, for that matter, any drug if they saw it.

We had very good cooperation with the Odessey House in New York. Miss Margaret Ward, who was running the clinic from 51st Street, would come over to the school and help to educate the teachers. I think the biggest jolt to the teachers was when one of the former students of the school came in and said, "Here I am. I am a former junky."

Some of the teachers knew this boy and they were very, very shocked. He explained the "hows," "whys," and "wherefores," as far as he was able to, of some of the problems in the school.

I also worked as a captain in the auxiliary police department in the city of New York, and it is amazing, during the course of a week, during our tour of duty, which would run from 4 o'clock to 12 o'clock at night, how many boys and girls of high school age would loiter on the streets, and, having nothing else to do, take drugs and get into trouble. On occasion we picked up some of these boys and girls in order to bring them to a hospital, or to keep them alive until they were able to get to a hospital.

The situation is a bad one but, of course, there is a lot of hope because of the amount of people taking more and more interest in the problem at the present time.

Mr. Murphy. Brother, what was your success with this program?

Brother Ryan. It is very hard to measure. We have had some very serious situations where two of our students died from an overdose of heroin. One boy was 17 years of age. In my first year at this particular school, I caught him nodding in class and I was suspicious immediately.

I had some background in drugs, and so immediately I started probing as to what was the boy's background. It turned out that the father had a very good business. He was an undertaker, but he lost his business due to alcohol and his owing money to the loan sharks.

The family consisted of nine members. The background of the family was Russian. They lived on the Upper East Side of Manhattan, near 101st Street.

The boy was taking heroin. We were with him in court on occasion. We sought every means possible to help him, and to put him into a therapy program, but as circumstances in this particular case happened, the programs just folded up in front of him. Nobody wanted him and we found it very difficult to find someone to help him. We stayed with the boy, even though he elected—and I think for his own good at the time—to drop out of school.

We kept close contact with him. During the course of the year, unfortunately, he came in contact with his old buddies, and even though he had been off of heroin for 8 weeks, his buddies shot him up and he OD'd. The boys, not knowing what to do, brought him up to his house and put him to bed. There was no one home but two younger children. The next morning, the mother found him dead.

Mr. **Phillips**. Despite your best efforts.

I have no other questions, Mr. Chairman.

Chairman **Pepper**. Mr. Murphy.

Mr. **Murphy**. Brother, getting back to your program, you say your school instituted a voluntary program wherein the teachers would counsel some of the students who were having a drug problem?

Brother **Ryan**. Yes, sir.

Mr. **Murphy**. What form did it take?

Brother **Ryan**. Personal guidance, awareness on the part of the teacher through education of what drugs are, what to look for.

Mr. **Murphy**. Is this done during school time? Or did you spend this time after school with the youngster?

Brother **Ryan**. Yes, sir. We have a number of other brothers, also, who are also very much involved in this program and they have set up a house, whereby some of these boys, with parental consent, would come and live at this house with the brothers. The boy would be counseled, he would be allowed to have complete freedom in regard to attending school, his social activities, but he could be confronted every day as to what he was doing.

He would learn to live with himself and accept himself for what he was, which I found, and they also found, was one of the basic problems; the ability to accept themselves and live with themselves for what they are.

Another program available to all the students in all the schools the Marist Brothers conduct in the New York City area, outside of the school environs itself is an encounter program. This program is held at one of the Marist Brothers houses, located in Esopus, N.Y. The encounter would usually last anywhere from 3 to 5 days each. They are available, I might add, even for our former students who have already graduated from high school. Group discussions, confrontation and private counseling are made available at these sessions. All this work, as you indicated before, is done on a voluntary basis by the Brothers, in addition to their regular assignments. Retreat programs are also available to our students, where personal guidance and counseling are also available. The effect of these programs are most difficult to evaluate in heading off of possible drug or alcohol problems. I do know for a fact that some boys who have had drug and alcohol problems have stopped, as a direct result of these programs. How many more never got started as a result of the above mentioned programs we will never know definitely, but I am sure it has helped.

Mr. **Murphy**. Why wasn't he getting this at home? For what reasons would these boys volunteer?

Brother **Ryan**. It is a very difficult answer to give without generalizing, as we are not discussing a particular case. But I would say some of the problems were divorce in the family, alcoholism, the absence of a father or the father image in a family, or a domineering mother, and in some cases a domineering father. But sometimes a youth feels he was simply not wanted by the family.

Sometimes the older boy in the family felt he was being pressured too much and the other children were "getting away with it" and he felt, therefore, he was not wanted, or was being picked on.

Mr. **Murphy**. We found great success in the Seed program in Miami, where the first 2 weeks a child is in the program, he is taken away from his parents and given a different set of parents for 2 weeks. It seems this has an effect on the child and the child will open up and start talking about the things that are on his mind, that are bothering him.

The director of the Seed program in Miami has had great success with this program.

I am wondering if you think it would be possible to institute a program like that in the various high schools around the country.

Brother **Ryan**. I think it is very hard to stereotype a program such as this. I think it has to be made for the people of a particular community. I don't think you can force them into a mold. What may work in one area may not work in another, and by the same token, it may be successful.

I also don't think that you can give money to a particular group and say, well, here it is, spend so much this way, spend so much that way. In other words, beginning to feel hemmed in and tied down.

A few of the Brothers and myself had planned, as a possibility in the near future, opening up some sort of clinic, for a very, very small number of boys, anywhere from five to 10, in New Hampshire and take them out of the environment of New York City and bring them up there for a period of a year and see what effect this would have on them. Putting them to work, giving them the necessary educational courses, letting them enjoy the things they never had in the city, like skiing, summer sports, and work, and at the same time, receiving all the necessary counseling they might need.

In other words, in order to show them and teach them what they can do for themselves. So far the program has not gotten off the ground, due to some of the practical problems involved, as you can well understand. But certainly it is not out of our minds as to what our intentions would be, and what we hope to accomplish.

Mr. **Murphy**. Thank you, Brother.

Chairman **Pepper**. Mr. Mann.

Mr. **Mann**. Mrs. Meisler, you seem to be very familiar with what is going on in your district. What disciplinary policy does the district have for those who are caught?

Mrs. **Meisler**. I don't know.

Mr. **Mann**. During the course of your experience with drugs there, have you actually discovered heroin addicts?

Mrs. **Meisler**. No.

Mr. **Mann**. But those who are on a lesser habit are not punished in any identifiable way; is that what you are telling me?

Mrs. **Meisler**. I don't know. If they are caught smoking, they get suspended for 3 days.

Mr. **Mann**. For 3 days?

Mrs. **Meisler**. I don't know if they are the same, if they are smoking grass and tobacco. I just don't know.

Mr. **Mann**. Have the cases of apprehension grown in number? Is that what you are telling me?

Mrs. **Meisler**. Yes, they have. I imagine at the high school they might be able to tell you what has happened. Nothing has happened at our school as far as discipline against any child, although we have had cases where children were found with pills. I imagine it was handled through the families.

Mr. **Mann**. In the case of your school system, what is done?

Sister **Katie**. We throw them out, actually. We have not in the last couple of years—I say there may have been—well, we have thrown a lot of people out of school for various reasons. But the drug is part of it and, therefore, from the point of view of trying to get rid of a problem, that is exactly what we do.

As counselor, I keep contact with the kids after we throw them out. This is something I see, really, as a need. Right at this moment, I have about three kids that are running away from home, that are living in basements and garages, and attics, and things like this, that really have no place to go. They should be in the courts or a type of facility for these kids that are maybe not even on drugs yet, but the home situation is such that they are going to end up there if they are out of the schools and out of the homes.

But as far as what we do with the kids, our policy today—tomorrow it will probably be something different—but today as it stands, we throw them out of school if they are caught with possession or pushing.

So I have to admit, the administration is flux right now and changing, so most of these policies, hopefully, will be changed. I am listening very carefully to some of the other schools to see what the direction should be, but I know the direction should not be on the part of the Catholic schools to throw them into the public schools.

This has been the policy for some years in many schools. We look real nice, but that is what we do.

Mr. **Mann**. Mr. Radtke, what is your experience?

Mr. **Radtke**. When he overdoses or is found to be under the influence of drugs or alcohol, he is suspended from school. Immediately the parents are called and until the parents do make an appearance before the dean of students, he is suspended.

Once the parent is contacted, we try to insure that proper help is given to the student, that they are aware of the fact that he is taking drugs, and that they try to find out why he is taking drugs and they try to take some remedial steps. We do accept him back in the school upon this condition that something is going to be done.

If there is a repeat, again he comes up, he is again suspended, is considered for expulsion, and, depending on the case, the family situation, and so forth, he may be asked to withdraw or he may be accepted back.

In the case of pushers or somebody that we discover is supplying drugs, then there is an immediate expulsion.

We try to follow through and see that proper help is given.

Mr. **Mann**. Thank you.

Mr. **Phillips**. I think we could ask Mr. Becker and Bob Ryan what their policies were in the schools.

Brother **Ryan**. Our policy was not to expel a student because we figured, first of all, we are there to help the boy and not to expel him or throw our problem into somebody else's glove. Our basic consideration is that the boy must help himself, despite the many obstacles he would be confronted with.

Mr. **Phillips**. That was the New York policy?

Brother **Ryan**. That is right.

Mr. **Phillips**. The Chicago policy apparently is different.

Brother RYAN. That is right. The boy would be brought to the school office, made aware of what the situation was, and then be given the option of whether to withdraw to another school, perhaps, or to be brought up to a discipline board which would advise the school principal whether the boy should withdraw or not.

I have not seen any cases in my own particular school as I have only been here a month.

Mr. PHILLIPS. You have heard about the one where the boy was expelled last year.

Brother RYAN. That is right; yes.

Mr. PHILLIPS. Expelled for using drugs?

Brother RYAN. Yes, sir, and in addition, selling drugs.

When I was in New York, we developed an association with the auxiliary police department whereby many of the students were able, while students in school, to participate in this program, providing they were 17 years of age. They would be put through a police training course, and at the end of this training were allowed to participate in responding with the regular police department to accidents, to drug situations, in regard to helping someone who has OD'd, to cardiacs and other noncrime situations provided they passed the course.

The boy himself, in a more positive sort of way, now feels he can help the community and make a more responsible effort to be good and to help others, rather than becoming bored and wasting his time and perhaps, maybe, he himself becoming a product of the drug culture.

Mr. MANN. That, of course, was a fine program. Was it available to the public schools of New York?

Brother RYAN. Yes, sir. Within the city of New York, at present, they have 5,000 auxiliary policemen, but the organization is broken down into two categories, regular auxiliary police patrol and emergency service force.

The emergency service force permits the boys of 17 years of age onward to become active in the program.

Mr. MANN. That is open to all boys, whether they have a drug problem or not?

Brother RYAN. That is right. Yes, sir.

Mr. MANN. Do you have any idea whether or not any school other than yours was using it as a rehabilitation measure?

Brother RYAN. I am not aware. I think we were, at the time, the only ones using that particular program. We were not using it basically as a rehabilitation program. We offered it as a positive approach for the boy to get involved in his community.

Mr. MANN. Yes.

Chairman PEPPER. It is agreed from what you said, and I think we all agree with you, that it is desirable to have more money for teacher education in the drug field. I am sure all of you agree to that. That is one definite thing that we can recommend.

Now, then, what else? I would like to ask each one of you. Some people believe there should be treatment and rehabilitation programs in the school, as I do. Some don't believe that. Some of the Federal officials in the drug field think the treatment and rehabilitation programs should be totally outside of the school.

All of you are teachers. I would like to ask you, what you think. If you were in our position to make a recommendation to the Congress, what would you recommend in respect to the drug program in schools?

Let's start with you, Mr. Radtke.

Mr. Radtke. I would agree with you. I think there is room, although all of the time, energy, and money should not be centered on rehabilitation, as I think many of us would agree, when prevention is the big thing.

But in respect to rehabilitation, I think there is a definite place for such things as rap rooms, having people from outside agencies as we had from Northwest Youth Outreach, connected with the YMCA in Chicago. They came and did a fine job with some small groups that we had organized.

We also had a facilitator come in from Lutheran Child and Family Services and work with groups. This is more or less rehabilitative with people having some kind of problem, not dealing strictly with the drug problem, but things that lead to drugs. This is rehabilitation. I think this is a definite need.

In addition to this, though, I think the biggest push, probably, should be in the prevention area. What you mentioned about teacher education is very much needed.

I think even more important than that, possibly, is parent education where, once again, the work that you are doing, I think, is great, that they become aware of it and that they might be able to identify problems, maybe, in their own children. But I think the real need is how these parents are going to deal with the problem.

Are they going to overreact? They say, okay son, you have a problem, and send him to a psychiatrist.

Chairman Pepper. Incidentally, we want to express, again, our gratitude to channel 11 here because they have been so generous in running a live telecast of these hearings we are having. I am hoping that they are going to have the effect of arousing, at least, the curiosity of a lot of parents and others about the problem.

Mr. Radtke. Again, I would just repeat, it seems like some people involved in relationships and relating with people, get too involved and too concerned with what I mentioned before as the symptoms, symptoms of problems and not really dealing with the cause.

If we can get parents and teachers to reevaluate their relationships with people and see that they understand adolescents, understand youth, and see what their problems are. Let's see what kind of things young people are dealing with, how they are looking at the world.

Like Mr. Young mentioned, if we strictly stay with rehabilitation and we work with them and try to stabilize them and shove them out in the world again where there is no understanding and there are no people looking at them as worthwhile people, but just another number, they will, more than likely, return to drug usage. That is the kind of thing we are going to have to really concentrate on, preventing this from happening.

I think it might be most effective at the parental level.

Chairman Pepper. Sister, will you go ahead and give us your views?

Sister Katie. Mainly, in agreement. The one thing I am concerned about is that we avoid something and that is like we have in the past, to take blacks, the Indians, the prostitutes, and minorities of all sorts, because we don't like to look at them, and we set them apart from us. If we take the drug situation and we have a facility away from the school, again, we are saying this is a deviant act which isn't incorporated into our society and this is sick.

I would like to see it in perspective. It is within our society, within our school, within every home in some phase. I just am leary about treatment centers. I think they are excellent for particular types of problems but, as was suggested, we must get the students, the parents, the teachers, all on common ground, and I think that definitely would be the school.

Chairman **Pepper**. Mrs. Meisler.

Mrs. **Meisler**. I don't know, Representative Pepper, when you are talking about rehabilitation centers within the schools, exactly what you mean.

Chairman **Pepper**. I mean rehabilitation programs, treatment and rehabilitation programs, along with preventive programs, educational programs, and the like. Do you think any kind of a treatment and rehabilitation program should be conducted in the schools and, if so, generally what kind?

Mrs. **Meisler**. Yes, I think some kind. I think I would like to feel we had trained people in the field of drugs right there to do counseling and working with these children so they don't have to be dumped out of high school until they come down, or the third or fourth time until they finally don't come back at all.

It seems to me the schools are the only place that we do touch every one of our children. It is the only place we can be guaranteed if we have a program, if we have anything, we are going to get a chance at them, a crack at them. They are not going to come in voluntarily, 100 percent, after school hours anywhere. At least if we know we have it in the schools, they are going to be touched.

Chairman **Pepper**. By the way, would all of you say that the teachers would be willing, on their own time, to attend these drug training programs if funds were available and there were meaningful programs available to them? Do you think the teachers would be willing to do it on their time, if necessary?

Mr. **Becker**. Some teachers would. I think a significant number would.

Chairman **Pepper**. Mr. Becker, what would you say about my question as to what, if anything, should be done in the schools in respect to this problem? What kind of a program would you recommend?

Mr. **Becker**. I think the first thing we have to do is raise the level of awareness and understanding of educators that they do have a significant role in this sort of thing. I think too often we feel it is a medical problem, or legal problem, or social problem, and doesn't concern us as educators.

I think once we become aware that it is, and within ourselves to internalize this concept and to identify our role, we can then proceed to work with children. I think the idea of bringing the people into the school has some merit.

I think, not on a one-shot deal, come in and leave again, but rather as part of a continuing program, that it would be funded not for a year or 6 months but for a length of time where these people came in, paraprofessionals, or whatever, to work with the kids would become members of the staff. The teachers would be able to communicate with them as well as young people.

I think one of the things that kids don't believe, is that adults care and are always surprised when we bring kids in to meet with teachers who are concerned. They say we didn't think anyone cared.

We must demonstrate that we do care and try to raise the level of trust and confidence between teachers and students so that we can help when they seek assistance in solving personal problems. However, we have to not only work with teachers in school inservice programs, but we must also direct attention to teacher preparation at universities, because they are graduating teachers poorly prepared in this area and we are faced with retraining them to meet the needs of today.

Chairman PEPPER. Brother Ryan?

Brother RYAN. I would concur with what Mr. Becker has just said. I would also add that while we do need some sort of a program within the schools, I still believe that certainly there should be a provision for a certain amount of freedom on the part of the student so that he wouldn't have compulsory attendance of the programs within the school, that he would have the freedom also to pick and choose outside of the school, itself, for any rehabilitation that he needs.

Also I would like to see the availability of getting boys and girls proper evaluations which they need for their own character disorders, and the availability of therapy treatment, if necessary, be provided by the Government itself.

This can actually go on while the boy or girl is still attending school.

Chairman PEPPER. I want to make clear, in talking about this program being in the schools. I don't mean necessarily that it be during the hours when the ordinary curriculum is being given. I mean it to be a program which is a part of the educational process available to the student.

One principal here yesterday told us that he had dropouts coming in to the evenings to the school. They were using the school facility for that. I am thinking in terms, as you said, especially trained teachers or especially trained leaders that would be able to guide and counsel the students. Someone, if somebody had the time, and the teachers don't ordinarily have that time, to go to the parents of a child and just sit down and have an honest talk with them, tell them, tactfuly, their child is developing problems in the school and we just wanted to discuss this with you.

The teachers don't have time to do that now, do they?

Mrs. MEISLER. No.

Chairman PEPPER. Even that alone, there are youngsters who respond if somebody they had respect for had time to sit down and talk to them about their problems. As you say, indicate that someone cares about whether they are going to have troubles or not. I think an enormous program can be developed in the schools where the children are.

Somebody said that is where the action is, and you have been very helpful in giving us advice on it.

By the way, would you all agree the national drug problem crosses all racial, ethnic, and religious groups. Is it generally a problem of all people, young and old?

Mrs. MEISLER. Yes.

Chairman PEPPER. All kinds of people, economic groups, and other areas?

Mrs. MEISLER. Yes, sir.

Mr. BECKER. Yes, sir.

Chairman PEPPER. We thank you very much. We will oblige our reporter and take a recess for 10 minutes.

(A brief recess was taken.)

Chairman PEPPER. The committee will come to order, please.

Mr. Counsel, will you call the next witness.

Mr. PHILLIPS. Mr. Chairman, the next witness is Mr. Patrick O'Malley, who is functional vice president of the Chicago Teacher's Union. Mr. O'Malley, in addition to having an official position with the union as the functional vice president, has been also active in the drug scene. He is here to tell us about the union's position in relation to drugs.

STATEMENT OF PATRICK O'MALLEY, FUNCTIONAL VICE PRESIDENT, CHICAGO TEACHER'S UNION, CHICAGO, ILL.

Mr. PHILLIPS. Can you tell us how long you have been associated with the Chicago school system?

Mr. O'MALLEY. I have been in the Chicago school system since 1961.

Mr. PHILLIPS. How long you have been functional vice president of the Chicago Teacher's Union?

Mr. O'MALLEY. Four years.

Mr. PHILLIPS. What is the Chicago Teacher's Union's position on drug education in the schools?

Mr. O'MALLEY. The chairman used the word "desirable" regarding teacher education. We in the Chicago Teacher's Union believe if preventive education in drug abuse is going to be effective, we are going to have to say that it is not only desirable, it is imperative that we train our teachers.

I don't see how you can wage a war against the scourge of drug abuse affecting our youth and future generations of Americans by piecemeal efforts that have been made in the past. I think, that really, what has to happen here is that we have got to train the personnel to deal with the children, with the students, both from the kindergarten all the way up to the high school, and we have to train these personnel in every aspect of drug abuse, from pharmacology to the ability to deal with the students, the drug abusers, the potential drug abuser, and the changing drug abuse scene.

This is a tremendous task but it is a vital task and it has got to be done because you are not going to solve any drug abuse problem in this Nation without getting your teachers informed, because they are dealing directly every day with the children.

Mr. PHILLIPS. What efforts have you made here in the city of Chicago to get your teachers better educated and better conversant on this subject matter?

Mr. O'MALLEY. As a union member, I wrote the program that was federally funded from Washington, the training program, through the efforts of one of your colleagues, Congressman Pucinski. This put 75 teachers in our high schools this year who were trained during the summer in an intensified program for training teachers at DePaul University, conducted by the Institute of Drug Abuse of Central State.

These teachers came back to the schools after this training and they participated in forming in their own schools a program which they developed, many times on their own initiative, a program that was designed for the particular needs of the schools.

I think this is something that has to be remembered, also. This problem in the predominantly black school, possibly, that is located in a ghetto area of the city of Chicago, and that of a predominantly white school that would be located maybe in a more affluent area, and the Puerto Rican school or the changing school, we can't come up with a program that is going to be simply designed for everyone. We can give some basic concepts. But the thing that is important here is the training of the teacher has to take this into consideration.

Mr. RANGEL. Let me interrupt there, because I agree with you, but I can never understand why the teachers and the union, specifically, haven't recognized this is also true in connection with the academic training, even if you have forgotten the drug problem completely, that you cannot bring from your State capital a training program that is going to meet the needs of all of the children in all of your schools.

I don't know whether you have a decentralized system of education here, but we are trying desperately hard—of course we are getting very strong opposition from our unions—to bring the school, to make it, in fact, a community school, so that, as one of the teachers said, while you are teaching math and social sciences and the history, you are identifying with the needs and backgrounds of the students.

But we don't get too much cooperation from the unions because they think that when we say we want the school to be a community school, that we mean we are going to fire all of the teachers that don't look like us, which, of course, is not the case.

Mr. O'MALLEY. In reply to that; as a Chicago teacher, from what I read in my report and from the New York Times, I believe, regarding the Ocean Hill-Brownsville Barry situation in New York City, and I believe recently the disavowal by the gentleman who had formed this, that this was a frightening experience, not only for the community of Ocean Hill-Brownsville, but it was also a very frightening situation for the teachers involved. I think the scars of going into this type of situation are going to be long lasting.

I think what happened in this case, it is really a question of communication. I think the teachers' unions are more than willing to work out a solution in which the community is served, because this is what it is all about—education, the children, and the community.

Mr. RANGEL. The scars are still there. There was a confrontation, and I agree, there was a failure of communication, and I am afraid that the militancy of the community came into shock contact with the leadership of the union. You and I know that it was a showdown. It did not have to be this way. There was no dividend on either side and the scars are there now.

But I would agree if the unions could come forward with the leadership—and I don't mean unions as a union member, but as representative of the teachers—there should be no reason why you should present a program to Washington just for your schools. Isn't it the American Federation of Teachers which the CTU is now hooked up with?

Mr. O'MALLEY. Yes.

Mr. RANGEL. If you could help your legislators out in demanding that, as you deal with the whole person and the whole community school in providing what you are supposed to do in education, included in that would be education as to what the drug abuse is all about, it would receive the type of receptibility that we cannot really get to the ghetto school or to the affluent school because we think they are trying to do their thing.

But you have the responsibility, who in any community are producing the dropout, could really help this Congress, and especially this committee and our chairman, by really making it exactly what it is, an educational program.

So maybe if you could get your plan and ideas to the national union leadership, it might help out a little bit.

Mr. O'MALLEY. Well, in regard to the concept we have in Chicago, at least the concept I have put forward, we have youth, teacher, administration, and community dealing in this. In other words, we don't look at this as an attack simply by teachers. It is going to be an attack from all different areas.

The youth; we have to develop peer group leadership in our schools. The community certainly has to take a part in it. We are not a bastion within a sea of fury. We happen to be a part of the community. Some teacher, I believe, said that walls don't make the school, and I agree. My students don't simply learn in the schools.

Mr. PHILLIPS. Someone has to take the lead. Everyone says let's have the communities and teachers and parents, and I think that is probably a good idea to have every possible contributor into the system. But someone has got to lead, someone has to be the instigator, someone has to get the money, set up the plant, someone has to start the program rolling; and that is the educators who have been charged with the responsibility of educating children.

They are the ones who should be doing this. They are the ones who should be making the innovations, and they are not.

Mr. RANGEL. Why can't this be put on the table in your negotiations? The teachers have no problem putting on the table the matter of hours, tenure, no problems in terms of vacations, which are very important things, and certainly things the union should be concerned with. Why can't you demand this be incorporated in the contracts?

In New York, the United Federation of Teachers has incorporated in its contract the hiring of community people, presumably to bridge the gap between the schools.

Why can't it come up as a part of what you would want to do; and certainly you recognize the part of the unions in making the politicians do, sometimes, what they don't want to do.

Mr. O'MALLEY. To answer that, I can't speak for the president of the union on this, but in answer to that, as a union teacher, I am also vice president of the PTA. We are urging our teachers to work in the communities, to take part in it, to bring our program to the community. Our union representatives will be speaking to community groups——

Mr. RANGEL. No, sir. Yesterday some preachers told us that they went to the expert in charge of the Illinois Drug Abuse Program. He testified that the expert told him that, in his professional opinion, there were no funds available for education.

I am not talking about using your good offices; I am talking about people. I am saying using the nuts and bolts and power of your union, that when you negotiate the contract you are saying that "if I have the responsibility for these kids, if you are asking me to do what should be done at home, we need the tools to work with." And I suspect that I don't have to tell union leaders what they can do in order to bring it to the bargaining table. And even if you lose, it will become a local and national issue that you are providing the leadership and parents may find the courage to recognize that you are fighting to protect the children and perhaps join in that fight and perhaps, in my community, it might close the gap between the community and the union when we can see that they are fighting for us.

Mr. O'MALLEY. Congressman, I was a teacher that contacted the Illinois Drug Abuse Program and, in fact, I contacted it a number of times. In fact, "Dialogue for Drugs," I believe I can take some credit for that. That is part of the Illinois Drug Abuse Program.

But what I am saying here, what you are asking me to do, is go on the record for the union to take this type of position, and I don't feel I can do that at this time.

Mr. RANGEL. This is what bothers me.

This is really what bothers me, because I assume the things you fight for are in order to make your members better educators.

Mr. O'MALLEY. Certainly, sir.

Mr. RANGEL. And in order to provide better training for the students.

Mr. O'MALLEY. But a union has priorities, as the board of education has priorities.

Mr. RANGEL. Damn it, that is what bothers all of us.

Mr. O'MALLEY. That is right. But what I am saying here, sir, I agree with what you have stated. We have been working hard and long. The fact I approached the Illinois Drug Abuse Program, which was almost a year ago, speaks well of our long envolvement.

Mr. RANGEL. You would not have been here unless you were interested, and please don't allow my remarks to try to detract from the good job that you have been doing as an individual. But, really, you are talking about the power of the Congress in dealing with a problem. And Congressman Murphy pointed out yesterday, the Congress responds to pressure.

Do you know that the District of Columbia union went out on strike to ask the Congress to give them a pay raise? They have taken on all of us. All I am asking is, could you see in your hearts—not you, but your union—to take on a little bit of the communities' problems and say, as we go to the bargaining table, as we threaten to close down the schools, as we use our power, we will say put in there something to help us with the drug problem?

Now, you talk about priorities. There will soon come the time when certain schoolteachers will not be walking into these communities because they will be frightened to death to do it. The schools will be closed, the churches, the institutions that you are training kids to respect will be closed. You will not have people even entering your profession.

I think it is just the time for those that do have power—and if you want to kick us, we deserve it, too—to start flexing their muscle and using that power. And the seniority, and the tenure, and the pay, and the vacation time of teachers will be unimportant if we are really going to have a generation of addicts.

Mr. O'MALLEY. I agree with you, sir.

Mr. RANGEL. Please try to get that in on the bargaining table.

Mr. O'MALLEY. I certainly will.

Mr. PHILLIPS. One question I would like to put to you, Mr. O'Malley. What do you view to be the teacher's responsibility when he observes drug sales, kids nodding, or some activity that indicates a kid is in trouble with drugs in the school?

Mr. O'MALLEY. If a drug sale is illegal and a violation of the law, in that type of situation, the teacher has the same recourse of action as a citizen would, and that is to present this to the proper law enforcement agency. But if it is a student asking for help the situation calls for other measures. I think this is where the big difference is—we are asking in the union, for instance, to have privileged communication.

Mr. MURPHY. We heard a lot of testimony here by teachers, not only here in Chicago, but New York and Miami, also, that teachers are afraid to bring it to the attention of the parent and the school authorities because they are afraid of being sued.

Now, as a union representative, do you know of any teachers that have been sued because of this?

Mr. O'MALLEY. No, sir. But I wanted to answer this question because I have been working on this for well over a year. I brought it to the attention of the union lawyers. It is going to be part of our contract negotiation, when we open the contract in January. And what it is, it is not the fact that we have received any evidence that a teacher is being sued. What it is, is that when you receive official communication from the Chicago Board of Education, from their law office, that a teacher who becomes involved in this type of situation can be subject to "criminal liability." You are creating an atmosphere that could be easily rectified simply by saying that the Chicago Board of Education will back up the teacher if he gets involved and he tries to help the student who is seeking help.

Mr. PHILLIPS. Does that exist, the Chicago board won't back up the teacher?

Mr. O'MALLEY. When I read the words "criminal liability," if I get involved and I don't inform the parents, the Chicago board is saying, as they said in so many areas, here, "You make the decision and we are going to leave you out here, sink or swim."

Mr. RANGEL. In what kind of case would the teacher receive notice from the board that her or his activities will involve criminal liability?

Mr. O'MALLEY. Here is an example. At one time I intercepted a letter about a student who was going to a party in which there was going to be a turnabout. This is the slang term sometimes being used to describe a party where pills would be used of different types.

So I had the problem of running down the student and I found out later the term as used by the student meant the girl was asking him to go to a dance.

Let's say that I knew about the situation and I did nothing about it and this young man had taken an overdose over the weekend, but I had talked to other people about it and finally they said don't get involved. I then talked to the parents about it and there was a serious medical problem, I am quite sure under those circumstances, since I had the information that I could, we will say, possibly be open to, if not criminal liability, some other type of harassment in the school, or some problem with the parents.

Mr. **Rangel.** I can see your problem. I can understand your speculation; but what I am concerned about is when does this veiled threat come from the board of education or when do they give this type of legal advice as to, if the teacher continues or if the teacher does or does not do something, that it may involve criminal liability? That is very, very strong language.

Mr. **O'Malley.** I turned over to Mr. Joseph Phillips the four or five pages of the latest July 1972 legal opinion from the Chicago board.

Now, again, we are not lawyers, but I am saying an atmosphere is created here.

Mr. **Rangel.** I understand.

Mr. **O'Malley.** And when you are asking the teacher constantly to take on this responsibility and to stick his neck out, when the institution that he is a part of, works for, seems not to be willing to do this, you run into this problem. This is why the union is involved in this.

Chairman **Pepper.** Mr. O'Malley, may I just clarify that situation. You have spoken of something we might call the negative communication from the school board. Do your teachers receive anything like a positive communication from the school board as to what the school board's position is on drugs in the schools, and what the school board expects the principals and teachers to do about it?

Mr. **O'Malley.** The Chicago board has taken definite stands on drug abuse. It has informed the teachers about the seriousness of the problem; they are in inservice training. There have been different types of training. We have a curriculum guide that has been issued to every teacher in the schools, "Education About Drugs."

It is a very fine guide, and I should say a type of book that a teacher interested in drugs can use effectively in the school. So if the board has not done the yeoman's work, it is because of the multitude of problems Chicago is facing today.

I wrote to every one of my Representatives, my U.S. Senators, and I pointed out to them, as far as I know, last year the Chicago board received from both State and Federal funds less than $80,000—in Federal and State funds.

Chairman **Pepper.** For your public school system?

Mr. **O'Malley.** For the local public school system. And I would be willing to say—in fact, I did say in the letter—it was less than 10 cents per student for which we were being asked to run a drug program. I think this is absolutely ludicrous in this regard.

Mr. **Murphy.** You received that money at the request of whom?

Mr. **O'Malley.** I believe some of the money came from the State as part of the revenue sharing. And I think it was $27,000. The $55,000 was the money that the board received through the efforts of myself, and——

Mr. **Rangel.** Chicago is really progressive. They are spending their money before we pass the law in revenue sharing.

Mr. **Murphy.** It wasn't revenue sharing.

Mr. **O'Malley.** It wasn't? It might have been the Law Enforcement Act.

But the fact of the matter is, it is $80,000. Gentlemen, you can't run a day camp on that for a week, if you are dealing with the people in the Chicago public school system. You have 600,000 students involved here. Your committee is coming in, saying, what do we need? Well, we need money and we need teacher training. We need privileged communication.

We also need—another point I would like to make before the committee here—I believe, some statistical data that will help us target the areas where we can really see the influx of the drug scene coming into our schools. Our data today from all sources, in my opinion, is very, very bad.

Mr. **Rangel.** Most teachers don't admit the problem exists. Who would collect the data?

Mr. **O'Malley.** I have a report here of the teachers that went through the program, Central State's, in which they say the size of the drug problem was greater than had been anticipated. This was their opinion when they went back into the schools.

Mr. **Rangel.** That is good for openers, but, even if the board of education has failed your union, assuming that the State and Federal Governments have failed the demands of your union, has your union really come out on the national level to make these demands, to take your demands to the people?

I really don't know whether teachers need this confidentiality. I certainly support it if that is what you think you want. I don't know if they need all of this legal protection. I support it if you think this is what you want. But aren't some of these teachers just using this as an excuse because they don't want to get involved?

Mr. **O'Malley.** I would say in answer to that, yes, some are.

Mr. **Rangel.** I assume the membership trusts the union leadership?

Mr. **O'Malley.** I believe they do.

Mr. **Rangel.** Right. Why don't you tell them that you have to get involved if you are going to protect the profession, which is gradually losing a lot of its prestige in the community? We haven't heard from the union leaders. True, we haven't heard from many people, but it would be a breath of fresh air if we heard, not from your local union, not from Chicago, but if we heard from the national leaders, demanding that we want to protect the children, the profession, and improve the quality of education. Priorities?

Mr. **O'Malley.** I really cannot answer for the national union. I would like to go back to a statement where I said some teachers hid behind this, but the overwhelming majority are willing to get in the drug scene. There is nothing more important in their lives, I believe.

Mr. **Phillips.** That is not the case.

Mr. **Rangel.** Assuming that is the case, the administrators won't let them do it, then?

Mr. **O'Malley.** Please, gentlemen. Let me put it this way: There are teachers in Chicago that will work to their utmost ability against this type of problem because they are dealing with the children and these are people, my own students, I have got a feeling for them. I respect them. I think they are intelligent. I think they are fine people, and I would do this for anybody.

This is one of the reasons I got interested in the drug scene. I don't believe we can say our teachers are not going to do this. We haven't given them the chance.

Mr. **Murphy**. Who hasn't given them the chance? We have seen a demonstration by some teachers that appeared before us today and yesterday. We know that there are some well-motivated individuals who want to do something. Brother Ryan talks about his experience in New York. Mrs. Meisler talked about what she is doing in grammar school. But this is an individual performance.

What we are looking for is some overt movement on the part of the union and the board of education, some concerted action directed toward some goals.

I have seen no evidence of that yet.

Mr. **O'Malley**. Again, let me backtrack a little bit. I was also made chairman of the union's drug abuse program. I was given funds to have a seminar in 1972. This came out of the Chicago Federation of Labor, which we are a member of, concern about the problem and the meetings that we had on this.

Now, if anyone is derelict in not having this, I presume with all of the problems we have had, we have had practically—well, mountains of problems one after another, which I won't bore you with—but we intend to have that seminar and this has been on record since last September when notice was given to our members.

So we will be involved and we have stated this, and we will bring expertise to our membership. We have limited funds.

Mr. **Phillips**. Mr. O'Malley, just on the limited funds issue. One thing we asked the teachers here, the various teachers from both the private and public school systems here in Chicago, we asked them whether they felt the teachers in their school system would volunteer their time to obtain education to properly deal with the program.

I think all of them answered yes, they felt the teachers would volunteer their time and use extra time for training in drug education.

It is my belief each of those individuals was a highly motivated person and would donate their time in the public interest. I don't believe that conclusion would be made generally of people in any system. You feel that money would be needed to train teachers and pay them to go to school to learn, or do you think we could just rely upon their volunteering their time?

Mr. **O'Malley**. Well, I think that you can get a number of teachers that will be able to deal with the financial burden of going to school, even if it is paid by the Government. You will get a certain number there, but you are not going to get the number you need.

The reasons are quite simple.

Mr. **Phillips**. Would the union take the position teachers should be paid for it?

Mr. **O'Malley**. What I have written in these proposals is that a teacher would receive $100 to take these courses. This would pay for his transportation, his food, and other incidental expenses; books, and things of this nature. I think this has to be done.

Mr. **Phillips**. In my opinion, they not only should be paid for books and materials, they should also be paid for their time. I think we would be foolish and unrealistic to ask people to do something and not pay them for it. If it is that important, I think we should pay them for it.

Mr. **Rangel**. We should put additional funds in, in order to hire community people to close the gap between the teachers and the community.

Mr. O'Malley. I would agree with you, but there has been no indication, as far as I can see, as long as I have been in this situation, that the Congress agrees with this committee in this particular situation.

Mr. Rangel. You will never know until you ask.

Mr. O'Malley. Well, I will keep that in mind, then, believe me. I will ask.

Mr. Murphy. We want you to ask, seriously.

Mr. Rangel. It can't come from you, and if Albert Shanker knows nothing else, he knows his way to Washington.

Mr. O'Malley. Yes. Mr. Shanker has great ability.

Mr. Rangel. Right.

Mr. O'Malley. I am the first to armit it.

Chairman Pepper. In respect to that matter of application, the Congress in the last few years has enormously increased the amount of funding for elementary and secondary education. That has been due largely to the demand from the country, from the school authorities, and the needs of the schools being made apparent to the Congress. Also, the problems of the community in providing their share of the money that they need.

But we have not had, to my knowledge, any demand from the school authorities of the country, or from anybody else, for a drug program in the schools, for doing something about it.

The only thing we have in a drug education program is where they put out certain literature, exhibit some slides, pictures, and films, and that sort of thing, which a lot of the school authorities say do more harm than good.

That is all we are doing. That is all the Federal Government is doing now. And if the need is so apparent, why don't the educational authorities, and, of course, that would include you who represent the teachers, why don't they demand of the legislature, demand of the Congress, that we fund the programs that ought to be put into the schools? You won't get all that you ask for, of course, but you will get a start for the program.

I would suggest that you contact the school authorities and that all of you make a concerted demand, so we can develop the program that ought to be used. That is one of the problems. I think a lot of the school boards don't do anything about this problem because they don't know what to do about it. The educators have got to develop a program. Do you believe that a meaningful program can be developed for prevention, treatment, and rehabilitation, and reflect that in the schools under the general school jurisdiction?

Mr. O'Malley. I certainly do. I think we have the ability and we have the people that will produce results.

I would like to point this out. One of the problems I see in this regard is the evaluation of programs. It is very difficult to have a program and say that it is being successful and run successfully when you are dealing with the life of an individual, where you can't possibly shown in a short period of time, a year or two, the effect of this program.

So I think in this regard, if the tools are given the school system—we have been running school systems in this country with mounting problems, with family problems in this country that are in large proportion, the venereal rate going right off the board, problems of abortion in the school today, things like that. All of these problems are hitting us and most of the school districts, to my knowledge, are running on a shoestring.

When you talk about priorities, gentlemen, I think the sad fact is that drug abuse is not a priority in education today. The reason is that they do not have the funds to run the schools for even reading, writing, and arithmetic. It is that simple.

I think if you found the funds were made available, you would find a change here. But the funds are not available. Until they are made available, we can't find out if we can do the job.

Mr. PHILLIPS. But you haven't even asked for them. That is the point.

Mr. RANGEL. It is a question of semantics. If you think the legislative process is just going to come back and say, who needs the funds, when we are being pressured by all sides, from lobbyists groups and self-interest groups, that we are just going to come and look for your union and say, here are the funds, see what you can do with it. True, there are priorities and pressures.

Adjust the list of priorities. You have to put it on your union's priority list before you can determine whether or not your elected officials have it on their priority list.

It is semantics. You can't make a determination the country is going to panic. One of your experts says it is hysteria. It is hitting the parents a little hard when they find their kid is overdosing. They have been able to accept the facts that in certain children they should no longer expect quality education from the schools; but dying in the schools, they don't accept.

Mr. O'MALLEY. We had two people killed in the Chicago high schools last year, and some of the newspapers reported this on page 37, see. When I see that, and I see Mr. Irving's book about Howard Hughes on the front page for over 10 days, I wonder where the priority, as far as these people, is supposed to be, when we say get this pressure on the Congress.

Mr. RANGEL. The priority is the same place you put it in your proposed union contract.

Mr. O'MALLEY. You put me in a position where I believe what you believe. This is a national scandal, what we are doing here. It is a national disaster and as a union member, and the reason I am here today is because we are, in our union, attempting to do this, to put pressure on the Chicago Board of Education.

We have this as part of our contract negotiations, as far as the question of privileged communication. We have got to build trust. We know this. But I don't know personally, I can't feel that it is the union's position to lead in this, when we have people that are more concerned, or should be, such as the Chicago Board of Education and the communities of the city of Chicago, that are so much involved in this, and you are turning and saying that the union is the group that should come forward.

Now, I am saying the union is coming forward, but our responsibility to our members, our major objective, is not in that particular area.

Now, I think we have done quite a bit in this area and I certainly know we are going to do more.

Mr. MURPHY. Don't you think it should become one of your major objectives, Mr. O'Malley?

Mr. O'MALLEY. Absolutely.

Mr. MURPHY. Along with the board of education and along with the community? We are not trying to put the jacket just on you and your union alone. What we are looking for is some response from these organizations to Congress. That is what we are there for. We hear from you people as far as wages are concerned.

What we would like to hear is the concern for the pupil. These kids who are crying out for help. We think that that should be made a responsibility, not only of the union and the board of education, but the parents, and these individual teachers. This is what we have not heard.

Mr. O'MALLEY. The only way I can respond to that is, I am quite sure you are going to see in the future much more, let's say, pressure placed on the Congress, because we are becoming politically oriented for the first time in our history.

Mr. RANGEL. Oh, come on.

Mr. O'MALLEY. For the first time in our history. We have selected a gentleman who some of the teachers feel should be President of the United States. There is a move right here in Chicago.

Mr. MURPHY. We would like to have his name.

Mr. O'MALLEY. I can tell you who it is going to be, but I won't.

Chairman PEPPER. Mr. Mann, do you have a question?

Mr. MANN. No questions, sir.

Chairman PEPPER. Have you other questions?

Mr. RANGEL. No, sir.

Chairman PEPPER. Mr. O'Malley, we thank you very much for coming here today. Hearings like this tend to put new emphasis on these problems and give an opportunity for initiative. Now, you can do a lot, you and your union. I have profound respect for the teachers.

I think the teaching profession is very akin to that of the ministry. I think you do a magnificent job for people. You are pushing, prodding the school board, and the influence that you can exert can do a lot in moving forward in dealing with this problem.

Thank you very much for coming.

Mr. O'MALLEY. Thank you, Mr. Chairman. And good luck, hoping that we will both solve the problem together. Thank you.

Chairman PEPPER. Thank you very much.

Mr. PHILLIPS. I think it might be better to break now, if the PTA people will not be inconvenienced by coming back after lunch.

Chairman PEPPER. The committee will take a recess until 2 o'clock this afternoon.

(Whereupon, at 12:55 p.m., the committee recessed, to reconvene at 2: p.m., this same day.)

AFTERNOON SESSION

Chairman PEPPER. The committee will come to order, please.

Mr. Counsel, will you call the first witness?

Mr. PHILLIPS. Mr. Chairman, the next group of witnesses will be a panel of officials from the Parent-Teachers Association in the Chicago schools.

Mrs. Irving King, who is the president of the PTA; Mrs. Barbara Nueske, who is an officer of the PTA familiar with the drug abuse education program; and Mrs. Irvan Galvin, former president of the PTA.

Mrs. King has just newly taken her position as president and I asked that she be accompanied by Mr. Galvin, who is the former president.

Chairman PEPPER. We want to thank you ladies for waiting. You have been very gracious about it, and we thank you very much for coming to help us.

STATEMENTS OF LILLIAN KING, PRESIDENT; BARBARA NUESKE, JUVENILE PROTECTION CHAIRMAN; AND MANDA GALVIN, PAST PRESIDENT, PARENT-TEACHERS ASSOCIATION, CHICAGO, ILL.

Mr. PHILLIPS. Mrs. King, could you tell us what the position of the Parent-Teacher Association is in respect to education drug abuse in the schools?

Mrs. KING. Well, we are very supportive of any program that would help educate our young people and our teachers and our parents about drugs. I am sorry to say that in the city of Chicago we do not have an effective drug education program.

I was happy to have the opportunity to come to this hearing, for many reasons, one being that we have to find ways of making parents face up to the fact that there is a problem.

I have to include myself in that group of parents, that until it is your child and your community, you don't get too upset. Too often we feel that it's somebody else's child and somebody else's community. Our organization has from the national level held regional conferences on drug education. Our State organization has had workshops throughout the State on drug education.

We, as a citywide organization, hold yearly workshops on drug education. We find people are not coming to us. So perhaps what we are going to have to do is to take our educational program to the people.

I think Chicago region is unique in a structure that would allow us to do this. We have problems as an organization, financial problems. There are many projects and programs that we could get involved with, if we had the money to do them.

Mr. PHILLIPS. How many members do you have here in the Chicago area?

Mrs. KING. We have 80,000 members in the Chicago area, and each member, up until this year, only had to pay us 10 cents to belong to the organization. So you see that gives us very little money to operate with. And the State PTA gives us 4½ cents per member.

We have a structure of dividing the city up. There are about 500 schools in the city of Chicago, and you don't have to belong to this level of PTA, which makes us unique. You may be a member of the national PTA and you may be a member of the State, but you have a choice to belong to the city PTA organization.

We were organized primarily to deal with problems that are concerning the city of Chicago. We don't speak for all of the parents, but I think 80,000 members is a goodly proportion of parents.

Mr. PHILLIPS. Especially the ones who are interested in taking part in activities in schools.

Mrs. **King.** I think when you are talking about the kind of programs we have in the city of Chicago, you have to know a little about the structure of our educational system. We have a general superintendent and an 11-member appointed school board. We then have three areas in the city and they are again subdivided into 27 districts.

So that you may get policy which is set by the board of education, but the way it is implemented by the time it gets into each of the 27 districts it may be altogether different from what the intention had been.

We are a city where the community wants to be a part of all of the educational action that is going on. We have the PTA group, we have other parent groups, we have other community organizations who are interested in school problems.

Also with our school financial crises we are plagued with the problem of keeping schools open. Sometimes it is hard to see what are the priorities at the time.

Is it to keep the school open with "improved" quality, because we never have enough money to make improvements, or should we dissipate our energy by trying to do all things.

I think this hearing has opened my eyes and a lot of parents need the opportunity to know what the problem is.

I am hoping that our organization might be able to apply for some kind of Federal funding so that we could operate our programs more efficiently. One of my intentions, when I took the office, was to find ways of having better cooperation between the teachers and parents.

We are in the process of meeting together—our organization and the teachers union. The union officers are now meeting with our officers.

The region has assembly meetings four times a year, and we usually have the general superintendent come and give us his state of the school message. We are now having the newly elected union president also. We really want to understand what teachers want. We are hoping that we can have a real understanding, and work together for the welfare of our children.

Mr. **Phillips.** Mrs. Nueske, you have been the person primarily involved with drug education program in the PTA for a long time. Could you tell us, just briefly, what you have been doing?

Mrs. **Nueske.** I became interested in the problem of drug abuse about 2 years ago, and in searching for some answers I realized that we really didn't have any. We weren't doing anything in the schools. Nothing specific to combat the growing problem, as we see it today, in the field of drug abuse.

Mr. **Phillips.** Excuse me. You say you see the growing problem. Is that a sentiment expressed to you by other people in the PTA; the other parents? Are they concerned about this problem?

Mrs. **Nueske.** Yes, I think parents are concerned, more so now than they were a year ago. Because the drug problem has moved down into the elementary schools and they are hearing many more things from their children. Their children are coming home and saying that somebody tried to sell me a pill today.

For example, we had a 7-year-old boy at our local school, my local school in my community, that a teacher discovered had a vial full of pills. They were of the medicine cabinet variety. He had one of just about everything his mother had at home, cold pills, vitamins, diet pills, birth control pills, et cetera.

This was a real shocker. It was shocking to the teachers, principal, and it was really shocking to the parents, to find out that children this young were beginning to become involved and interested in drugs.

Mr. PHILLIPS. You say that you have, as a result of this growth and interest among the parents, a concern about the problem and that your particular organization has undertaken some steps to do something about it?

Mrs. NUESKE. We are beginning to do some things. We have a long way to go. One of the big problems, I think, we have with the PTA organization, as well as with any other organization including the teachers, is that before we can do something effectively ourselves, we, who are supposed to be the leaders in PTA, must become knowledgeable in the area of drug abuse and misuse before we can in turn go back and give some sense of direction to other parents.

I have been working in this field for the last 2 years but have not done anything tremendous in the area of parent education; I have put my thrust in bringing drug abuse education in a preventative form to the school system.

Mr. PHILLIPS. Have you met much resistance?

Mrs. NUESKE. I met no resistance in my own school when I brought in a drug education program. In fact, I was mandated by my community to do something about the drug problem when I was PTA president; and the result of that mandate is a drug education program. Mrs. Meisler who you spoke with earlier is a teacher and drug coordinator in my school. We have both worked with Mr. Becker. That is just one step.

Mr. PHILLIPS. That is just one school.

Mrs. NUESKE. That is just one school. We are working within that school district to expand the program that we have into the other schools in the district. We have 14 elementary schools that had been working with Mr. Becker this last year in training teachers; approximately sending two teachers, approximately, from each school.

We have some kind of a commitment from the three high schools in the district. It is a program that we hope to expand this year if funds are available.

You were told before that the teachers who have been trained in the area of drug abuse are classroom teachers, and that they have not been able to do much other than within their own classrooms. We hope this year to be able to expand the program so that we may train more teachers. We have written a proposal so that hopefully we will be able to receive some money to provide substitutes so the teachers that have had some training will be able to implement some programs in their school and to work with other teachers.

Mr. PHILLIPS. Right now, the teachers who have been trained don't have any spare time to make resources available to the other teachers, or conduct any special programs in the school, unless they do it on their own time; is that correct?

Mrs. NUESKE. We do have 5 inservice days within a school term, and last year and the year before we had an inservice period every other week, or twice a month.

Mr. PHILLIPS. That is an hour a month?

Mrs. Nueske. Right. And those inservice periods are to cover all aspects of education. They are for reading, math, science, social studies, and so forth, and for teachers to get together and discuss a child who has a problem, and what they can do to work together to maybe solve this problem, whether it is a remedial reading, antisocial behavior or something else.

Mr. Phillips. What do you consider a teacher's responsibility when they see a kid nodding or getting involved with drugs? What do you view as the teacher's responsibility in a situation like that?

Mrs. Nueske. What do I say the teacher's responsibility is? It is a very difficult question to answer.

Mr. Phillips. Perhaps Mrs. King would like to comment on it.

Mrs. Nueske. No, I'll answer it. I was just going to say, I've changed my mind about it several times since I became involved in this particular field. As a parent, I used to think that the teacher should notify the parent immediately; that it was a parent's right to know when her child was suspected of being on drugs.

But now I am beginning to feel the important thing is not so much that the parents know, but that the child is helped. And somewhere along the line, if the teacher can help the child, the parent will be brought into it.

But I think the important thing—and this is just a personal feeling—is that the child should be helped in any way that is possible.

Mr. Phillips. Are there any treatment facilities you are aware of in the school, or drug counseling facilities in schools, to help a child who goes to a teacher for assistance?

Mrs. Nueske. No.

Mr. Phillips. There are none at all?

Mrs. Nueske. None that I am aware of.

Mr. Phillips. What do you think of that condition, Mrs. King?

Mrs. King. I think it is horrible. And I think that probably many of the good things that happen in education sometimes happen because communities and parents and people are the ones who push for it.

Another bad thing is we haven't been enough aware of the problem that we had requested or demanded or asked for it. I think the hearing has proved over and over, from people who are involved in working with people that are on drugs, that this would be a necessary step, and with the attitude of our teachers who are not knowledgeable and feel it either—I don't want to accept the fact there are drugs in my school, or either to say in some cases in high school it seems kids are smoking pot, this may become all right in our society.

But I don't think this should be a responsibility that the teacher should have a right to make.

I am thankful that this hearing has given us, as parents, a lot of insight into many facets that we had not even thought about. I think it is our responsibility to start asking for some of what is good for children, and I certainly think having a drug counselor would be a step in dealing with it.

Mr. Phillips. Mrs. Galvin, I think you, as former president of the PTA, had some experience lobbying for some of the programs. Could you tell us about that?

Mrs. GALVIN. Well, yes. First of all, I would like to say that I was on the drug abuse education committee that brought out this pamphlet that was given out to all of the teachers in the city of Chicago. I feel that this pamphlet is now probably in the bottom drawer of every desk, because it seems to me not all teachers are comfortable in just picking up this pamphlet and trying to incorporate it into the daily curriculum of the schoolday.

They have many problems, as we heard over and over again today.

I think the board of education is certainly aware of the problem. I don't think they know what to do with it. I don't think parents know how to deal with it, and I agree with Mrs. King that we, as an organization, could certainly help along those lines if we had our leaders trained and then could train or teach our members and bring them into the homes. It would be one very good source.

But to get back to the committee I sat on that devised this drug education pamphlet, the intent was very good, it really was, on the part of the staff of the board of education. They couldn't train enough teachers as their money ran out. They could only take maybe one or two from each district or from each area there, a little more than one or two, and, in turn, hope these people would go back to the individual schools and teach the other teachers.

But with the insurmountable amount of problems that they are confronted with each day, there wasn't enough time. I don't know of any school, other than what we have heard today, which has been almost entirely voluntary on the part of the teachers, the wonderful teachers here today.

Mr. PHILLIPS. I think they are to be commended. Plainly, some had criticism from their administration. Some of them told me that when they get back to their schools they would have heat. They were ones we selected, who were talking for many others, who would tell us privately what the problem was and criticized it, but would be afraid to come and tell it publicly. I think they deserve an awful lot of credit and I am glad to hear you say so, too.

Mrs. GALVIN. Another thing about the Parent-Teacher Association, the drug education program has been on our action platform forum for many years, and that is why we lobbied in Springfield, to try to get this as a mandate from the State legislature to be a part of the daily curriculum.

Mr. PHILLIPS. I think it particularly fortunate you were successful in getting the law changed here in Illinois to mandate drug education.

Mrs. GALVIN. It didn't go far enough.

Mr. PHILLIPS. The law is there, but apparently carrying out the execution of what the legislature believed should be done hasn't been done.

Mrs. GALVIN. No, it hasn't.

Another plank on our State platform relates to the media and the accessibility through the media and through pharmaceutical houses with the distribution of drugs. We are very much concerned that children are brainwashed through TV. Also, where do children get these drugs? Where do the pushers get their narcotics? We feel that there isn't enough accounting for the amount of drugs that are available, like the barbiturates and biphetamines. I don't even know the correct terms for most of the others.

We feel if there were stricter control of the distribution of these drugs, that perhaps that would be one cutoff point for the great amount of drug abuse.

Another thing, too, gentlemen, as a citizen, and as a parent, tell me, what is Congress doing about the inflow of the traffic of drugs into our country? We hear mention of it occasionally, and our organization has written many letters commending the State Department about something they tried with Turkey and Marseilles from the port of entry to stop the flow and we have heard nothing further. Citizens are concerned about this.

And also about the border of Mexico where drugs flow freely.

Chairman **Pepper.** Your Congressman, Mr. Morgan Murphy, has been one of the leaders in this area. So has Mr. Rangel.

Mrs. **Galvin.** Right.

Chairman **Pepper.** This committee has been working on the problem and now we have legislation that authorizes the President—and the President had a conference in Washington the other day and announced he was going to exercise the authority granted—by statute to cut off aid to any country which doesn't cooperate with the United States in trying to stop the importation of heroin into this country.

I know Mr. Murphy has been to Marseilles. I was there last year with our Ambassador, talked to the narcotics and police officials, talked in Paris to the top governmental officials, as has my colleague here on a number of occasions, trying to do what we can to stop the inflow.

We hope they are going to keep the commitments they made to stop the growing of the poppy, and we are hoping now that the origin doesn't shift to some other country in Southeast Asia like Thailand, or Burma, or some of the rest.

These gentlemen are very knowledgeable in that field, and trying to do something.

Mrs. **Galvin.** You certainly are to be commended.

Chairman **Pepper.** We talked to the Bureau of Narcotics and Dangerous Drugs and the Customs people. This committee has asked them if they need any more personnel. They have told us they have got all of the personnel they can properly use. They formerly told us they were stopping only about 20 percent of the heroin that came to the shores of the United States.

We have certainly a long shoreline. The stream of the importation has turned to a large degree to South and Central America. A lot of it comes up through Miami into the rest of the country. It is a very big problem.

Maybe you would like to make some comment, Mr. Murphy.

Mr. **Murphy.** In addition to what the chairman has said, the Committee on Foreign Affairs, on which I also serve, passed an amendment to the Foreign Assistance Act which enables the President of the United States to cut off all aid, military and economical aid, to any country that in his opinion is not cooperating in the fight on drugs.

Now, as a result of that amendment the Turkish Government has introduced a bill which would ban the growth of poppies in their country. We just arrested a Turkish Senator on the border of France with 400 pounds of pure heroin in his car, and he was one of the cosponsors of the legislation in the Turkish Parliament.

Munich is getting to be one of the big transshipment points in Europe now, between Turkey and the French chemist who processes the morphine-base into heroin.

But to show you what pressure can do, the French used to have but three policemen in the Marseilles area. I just visited Marseilles about 10 days ago, and the force is now up to 175. They are getting the message that we in America, the Congress and people such as yourself, will no longer stand for anything but full cooperation on their part.

In two wars we have helped the French country. I don't know how many thousands of American men have died in liberating these countries or how many billions of dollars we have given those countries in foreign aid. I don't think we are asking for anything that we are not entitled to when we ask for their complete cooperation in trying to stamp out this scourge.

But more importantly, what I think is really motivating them to move is the fact it is now beginning to affect their own country. There are problems existing, but we really don't get concerned unless they are at our own doorstep and I think this is what is happening in the Western European countries. We are not getting much cooperation from our Southeast Asian allies, but we introduced another amendment that specifically cites the country of Thailand. We will cut off about $700 million in aid if they don't cooperate. They have telling us there have been no problems.

Three days after the Foreign Affairs Committee put that amendment on our bill, they burned 25 tons of pure heroin. They just mysteriously found it.

We have great leverage with money in the form of foreign aid to these countries and I think it's time to put pressure on them to cooperate. Another aspect of the problem which is why this committee is here, is to visit various cities in the United States urging the communities to get involved in their schools. This is another aspect of the total picture.

Mr. RANGEL. One of the things I have found as a new Congressman is in recognizing that you have to hit on every avenue in dealing with these countries; that this diplomatic language, which neither Morgan Murphy nor I understand, coming from cities, is a new language.

You would hear our State Department talking with these people as though they were just begging and asking for compassion, but I have received a number of letters since we started a French boycott in New York City, and we have boycotted everything. The restaurants and caterers union refused to serve French wines and we have asked the ladies and many of their husbands to please stop buying Pucci's and all of the other things. We feel if we can't make them respond as a United States legislative body, certainly their business sector recognized we mean business.

So we need to use a little imagination sometimes in dealing with these countries. Because this country has not yet taken the position that drugs represent a threat to our national security, because I am convinced that if we did feel this way, we would not be negotiating.

Mrs. GALVIN. Don't you feel, too, sir, in our cities if the law enforcement agency knew how to handle, there were proper resources for them to handle the situation it would be less available; drugs would be less available?

Mr. Rangel. I don't know. You see, I come from a city where my police commissioner has admitted that he is unable to do anything about drugs because of the large amounts of moneys involved. Many of our policemen on the street, especially in Harlem, have succumbed to the temptation of graft and corruption.

So that it has reached the point that my youngsters, if they can get a thousand dollars together, feel pretty assured that they will never make the local precinct.

Many policemen are making arrests and have brought in substantial amounts of heroin and money at the same time, but there are some policemen on our police force, notwithstanding the Knapp commission report, that still believe that graft and corruption are a part of their monthly check.

Chairman Pepper. Let me add a further comment on another aspect you mentioned, and that is these pep pills, amphetamines, methamphetamines, and also barbiturates.

This committee, I believe it was the year before last, offered an amendment on the floor of the House to put amphetamines in the same category in respect to restriction as methamphetamines. We lost the amendment on the House floor.

Then we got in touch with the Senate, and one of the Senators took our amendment and got it through the Senate. But we were still not able to get it through the House.

However, we kept pressure on the Department of Justice, which had jurisdiction. Congress conferred upon the Department of Justice authority to put a quota on amphetamines. People take the amphetamines and liquefy them and inject them and get speed, which is a very dangerous drug for the young people to take. But now we have sort of taken the lead. Many of our colleagues, of course, have helped. We now have gotten the Department of Justice to reduce by 82 percent the number of amphetamines that were being manufactured and distributed in this country.

When we started, there were 6 or 8 billion amphetamines being manufactured and distributed to the people of this country. We found in a hearing we had in late 1969, in San Francisco, that a drug manufacturer based here in Chicago had for a number of years been shipping large quantities of these amphetamines to a so-called drug house in Tijuana, Mexico.

The Customs people got wind of it and an investigation was made. It was discovered the address of this so-called drug house that was supposed to be the recipient of all these drugs—in this case 1.3 million—wasn't any drug house at all. It was the 11th hole of the Tijuana golf course.

Obviously, for years there had been that subterfuge of shipping them, allegedly, to a consignee, which is a drug house supposedly in Mexico, but they were being passed at the border by some trickery and fraud and graft, I suppose, to somebody, and turned right back into black market channels at 25 cents apiece in the United States.

So this committee has been agitating, and now we are dealing with Switzerland in trying to get limitations upon those drugs.

The area of barbiturates is the next one. I think it looks like we are going to have to begin, again. Somebody is going to have to take a look at the barbiturates problem, which is becoming a grave problem for the country.

Pressure from responsible groups like yours that curbs be put on these dangerous drugs would be very helpful. And then a witness testified here yesterday that the technology of this country is coming out with a whole lot of new types of drugs.

Mrs. NUESKE. Definitely.

Chairman PEPPER. It may be we are going to have to take far more critical attitudes toward these drugs that these companies are permitted to develop. I know you will have to balance the good that they accomplish along with the harm that they do. You can see just how difficult the problem is.

Mrs. NUESKE. I was just going to say, Mr. Chairman, that I was glad to hear you mention the barbiturate problem because that is one of the most frequently abused drugs by young people today.

Also, one of the most dangerous, as I am sure you are aware. To the best of my knowledge we have had no legislation to curb the manufacture of barbiturates.

Chairman PEPPER. I know that.

By the way, when I mention these amphetamines, we had a hearing, this committee did, and we had the top experts in the country to testify, and they testified there was no real medical need for more than a few thousand at the outside. Some of them said only a few hundred of these pep pills.

One use was obesity. You usually wind up losing a few pounds and acquiring an addiction. The others were hyperkinesia and narcolepsy, which are very rare diseases. And yet 6 billion of them were being distributed over the country.

Mr. PHILLIPS. Have you concluded, Mrs. Galvin?

Mrs. GALVIN. Yes, I have.

Mr. PHILLIPS. Thank you very much.

I have no other questions.

Chairman PEPPER. Mr. Murphy.

Mr. MURPHY. I would like to sum it up by congratulating you three women for coming here and taking time from what I know to be your busy schedules. The purpose of this committee is not to come to Chicago, New York, Miami, San Francisco, or Kansas City, wherever it may take us, to criticize any particular organization. We criticize ourselves, for Congress has taken much too long in reacting to the problem.

We are beginning to move, and the purpose of this committee is to come around and hopefully move organizations such as yours, the unions, the boards of education, and the community.

Again, I thank you for coming down.

Mrs. NUESKE. May I say something, please?

Chairman PEPPER. Sure.

Mrs. NUESKE. I was very interested yesterday and today to hear you gentlemen say you were very surprised that no one from Chicago or the other large cities have come to you and asked for money. Well, gentlemen, I would like you to know that it is not so easy to get assistance when asking for money from some of our Federal agencies that are dispensing funds.

From a layman's point of view, it is most discouraging when you contact Federal agencies such as HEW or the ILEC.

Mr. MURPHY. Let me tell you, it is unusual for Congressmen to get a phone call returned.

Mrs. NUESKE. I have no trouble contacting them by telephone. But the key persons I must speak to that handle drug abuse questions are antidrug education for various reasons: (1) It's too expensive, (2) the kids know it already, and (3) we're no longer in the business of training teachers and so forth. When you are writing a drug proposal and looking for some assistance and the people you speak to do not believe in drug education, that is a very defeating feeling. I do think that, possibly, our Washington people could see that the people that work in Federal agencies that must deal with the drug abuse problem could at least be a little bit more open minded about it. I think they might get more response from the community people that want to do something to reduce the drug abuse problem.

Mr. RANGEL. While there is no question in our minds the parent-teachers associations would be proper recipients of funds, we were not really talking about organizations who appear to be politically powerless. Your power is basically local. We were directing our attention yesterday to those who hold themselves out to be experts, those who have the power of the union. They know, politically, what to do.

I have to share in some of your anguish and disappointments and disbelief at some of the bureaucracy that exists in Washington. But our comments yesterday were certainly not directed to you, because we know the problems that you face and we will join with you in trying to eliminate them.

Mrs. NUESKE. Thank you.

Chairman PEPPER. As a matter of fact, if you had applied to the Federal Government for funds for treatment and rehabilitation for the drugs in the schools, you wouldn't have gotten any money because there isn't any money appropriated by Congress for that purpose.

About the only kind of a program that we have is a few million dollars for the whole country of 200 million people or more, in drugs, a little bit in drug education. There is a little money in the drug education program, the design of which is primarily to frighten the children, I think, against the use.

Mrs. NUESKE. That kind of program will never be effective.

Chairman PEPPER. That is it. That is about all we are doing now. But our committee, I think, was the first committee in the Congress to initiate an inquiry into this field, after we discovered the gravity of the situation.

Now, what we would like to see is somebody to tell us what kind of a program is desirable in the schools, and then let the States begin to demand that the Federal Government help them in meeting this problem. If the local governments and the State governments demand that Congress help with this, I think Congress will be receptive. What we are going to try to initiate is a recommendation that there be an appropriation of Federal funds.

But we have got to find out what kind of programs we should have. That is the reason we want to talk to knowledgeable people like you all.

Mr. Mann.

Mr. MANN. I find it difficult to refrain from a caveat in connection with the drug traffic control. When there are 30,000 hiding places on a typical cargo ship, when roughly 2 percent of the world's heroin supply will take care of the so-called needs of the United States, when our people say that the very best that they have been able to intercept even lately is not more than 20 percent of that that is arriving in the United States, when the profit motive and the profit margin is so great, there are those who are charged with responsibility for the program in the United States on the highest levels who candidly acknowledge that it is virtually impossible to stop the traffic.

Now, in making that acknowledgment, they and myself, personally, do not for a moment indicate that we aren't going to do everything that can be done, and the effort is being increased daily.

I had lunch this week with Nelson Gross, the State Department's narcotics control officer in Washington, and 25 percent of his country representatives. The mission man from Afghanistan and the mission man from Panama, and the mission man from France, and Mexico, and Venezuela, and Argentina, and Thailand were all there.

Each of them discussed the trafficking problem. And although a vast effort is being made from the President on down to control the traffic, none of us should avoid seeking solutions of other types to the problem.

I am talking about heroin primarily, for the moment. We should not say let Washington do it because Washington is not going to be able to stop the drug traffic. It is going to be able to make substantial inroads into it, it is going to make it harder for the pusher and, of course, we have to pass that burden on down to the local law enforcement officer.

It is somewhat frustrating for me to make this type of statement, but it is nevertheless a candid statement about what top authorities say about the drug traffic.

Now, this committee, as much as anyone else, has done much in the area of pills. I think that in the area of pills we can do much more, as tight controls are possible and can be attained and this committee will be working toward that end.

Marihuana is another problem because of the ease of availability. But the efforts of prevention, rehabilitation, treatment, primarily prevention, should not be neglected to any degree because we think the traffic is going to be stopped.

Mrs. GALVIN. I didn't want you for one moment to feel the parents should neglect their responsibility, or teachers. I think we have a tremendous job to do, to instill in our young people a feeling of self-worth and value, so that they won't even feel the need for barbiturates or pills.

Mr. MANN. Thank you.

Mrs. GALVIN. Maybe together we can reach this millennium.

Mr. RANGEL. I would like to compliment parent officers for coming here and to admit to you that it has been an educational experience for us. We have a responsibility to go back to our colleagues and to try to explain to those who have not been directly affected by the drug problem, just how serious it is; and especially Mrs. King, for her candidness in pointing out that we are all learning on a day-to-day basis.

I have been asked to express to the group and perhaps the general public, by a person who is in the audience, that when he discovered that his grandson was on drugs he attempted to identify the associates of his grandson to such an extent as to invite them into his home, to provide entertainment and social awareness in order to find out what the problem was.

And 30 days ago his grandson committed suicide because of the peer pressures that were put on him by his colleagues. He asked me to tell other parents to recognize that their children have a code that love and affection sometimes cannot pierce.

But what he found to be most shocking was that as he approached the parents of those children he knew were involved with his grandson, how they rejected his appeal to "please examine your child."

But there is some type of mental block where we hate to believe—and I think Mrs. King said it—that our loved ones are affected; as though it were neighbors' kids or community kids. So the ignorance we have in that field is shared by Members of Congress, by parents, by so-called experts, and I think by highlighting this, unlike the experts from Chicago believe, that we do believe by highlighting it some parents would recognize, or some public officials would recognize, what we are involved with, at least we know where to go to get the resources to tackle it.

So thank you very much for coming.

Mrs. KING. May I ask one question?

Chairman PEPPER. Yes.

Mrs. KING. Will we get proceedings of the hearing for our own education? It will be most valuable.

Chairman PEPPER. These will be printed up and we will make a note of it. If you don't get them as soon as they are printed up, you write us a letter in Washington and we will surely send them.

Emphasizing what Mr. Mann has reported, the only really effective way to deal with this problem, this heroin problem, is to dry up the market and that, of course, means treatment and rehabilitation, and particularly at the young age when they are impressionable and maybe they can be saved from becoming hard-core addicts.

But really, drying up the market is the best way to deal with this problem.

We thank you very much, Mrs. King, Mrs. Nueske, and Mrs. Galvin. You have been very helpful. Thank you again for waiting.

Mr. Counsel, will you call the next witness?

Mr. PHILLIPS. Mr. Chairman, the next panel is composed of Dr. George Spratto of the Purdue University School of Pharmacy Drug Program. He has two young men with him, Ken Majkowski and Robert Martin, both students at the Pharmacy School of Purdue University.

STATEMENT OF DR. GEORGE SPRATTO, ASSOCIATE PROFESSOR OF PHARMACOLOGY, SCHOOL OF PHARMACY, PURDUE UNIVERSITY, LAFAYETTE, IND., ACCOMPANIED BY ROBERT MARTIN, CHAIRMAN, DRUG INFORMATION COMMITTEE, AND KENNETH MAJKOWSKI, CHAIRMAN-ELECT

Mr. PHILLIPS. Dr. Spratto, in my observations here in Illinois, your activities have been brought to my attention and I am impressed by them as an example of individual initiative undertaken by a university and university staff to help us with this drug problem.

Could you tell the committee briefly what your program is about?

Dr. SPRATTO. Yes. About 3 years ago a group of senior pharmacy students came to the dean of the pharmacy school and subsequently to me, very much concerned about the lack of knowledge of basic information about drugs possessed by the college students at Purdue. This came to light because of the contact these students had living in dormitories and sororities or fraternities. Students would say, "You are in pharmacy, what happens if I take this, or that, or the other thing?"

Thus, they would do their best to answer this type of question, and they felt there might be a need for such information. So we formed a very small group, of only five or six people, we made it known throughout the community and Lafayette is small enough so we can do this.

Mr. PHILLIPS. The homesite of Purdue University?

Dr. SPRATTO. Right. Lafayette is small enough so we could get the word around that this program was available, and it became quite popular in the last couple of years. Our purpose certainly not to complete the whole picture and present everything concerning drugs; rather it is just to provide some information to students, parent groups, church groups, et cetera, on the basic facts about drugs.

Mr. PHILLIPS. Do you go to the schools, you and your associates, the young students, and deal with the college or high school kids?

Dr. SPRATTO. Yes. We deal with grammar, junior high and high school students.

Mr. PHILLIPS. What is the program? How does it operate in the schools?

Dr. SPRATTO. First of all, we have a great deal of difficulty getting in many schools. I have been very interested this morning in some of the comments made at this hearing because it seems in Chicago it is a foregone conclusion that some type of drug education is going to happen. But I cannot say that for some of the towns and cities I visited in Indiana.

Mr. PHILLIPS. Do you find drug abuse to exist in the small cities and small towns?

Dr. SPRATTO. Very definitely.

Mr. PHILLIPS. And rural areas of Indiana and Illinois?

Dr. SPRATTO. Very definitely. It is very interesting. People say certainly not here, but it is in Chicago or Detroit or some other large city around us. I have had teachers come up to me and say, how would you approach your principal to allow me to talk about drugs in my class because he has forbidden it. We are not even at the level where I think Chicago is; we are a little behind that.

Mr. PHILLIPS. So you have principals you are dealing with who just don't want to hear anything about the drug problem?

Dr. SPRATTO. That is right.

Mr. PHILLIPS. The drug problem exists in their schools?

Dr. SPRATTO. That is right. But to get to the point of your question: What do we do?

When we are invited in, we like to, first of all, get some idea of the knowledge that the children in that school possess. It has been our experience that it will differ from school to school and quite significantly. If you are talking about a very rural consolidated school versus a school perhaps in the center of Lafayette, even a matter of 4 or 5 miles, the knowledge is tremendously different. So we employ a technique whereby we can get some information from the students without the teachers knowing about it. They know we are going to do it but they do not see the information. We ask the students to write questions about drugs to which they would like to know the answers. It is done anonymously.

We had several teachers and administrators tell us we are wasting our time and the kids won't ask questions. In one school we had 800 questions asked out of a student body of 1,800. Of course, many of them were the same type of questions, but we were surprised, ourselves, when we got this great response.

Mr. **Phillips.** You then go to the classrooms and you actually talk and answer their questions?

Dr. **Spratto.** Yes, the students rap with them as well as provide direct answers to their questions.

Mr. **Phillips.** Could one of you gentlemen, either Ken or Bob, tell us what happens when you get in the clasroom?

Mr. **Martin.** We start out with either a slide presentation, depending upon the school, or with a general presentation for about 20 or 25 minutes. This is followed by a question-and-answer-type period for the rest of the time.

Mr. **Phillips.** Do you try to get an indication from the kids as you talk, about how extensively they use drugs?

Mr. **Martin.** Usually by the questions they ask, you have some positive indication how much they use drugs and how much they know about drugs.

Mr. **Phillips.** What have you found about the youngsters you talk to?

Mr. **Martin.** They have been pretty knowledgeable about it. Most drugs are on the streets and most situations——

Mr. **Phillips.** Are they looking for information?

Mr. **Martin.** We found that the high schools and college levels seemed to be supersaturated with drug information and they are asking specific questions about pharmacological action or where can I seek help; how can you recognize a person that is doing drugs; or if I have a problem, where can I go. Just things like that.

Mr. **Phillips.** Are many of them looking for help?

Mr. **Martin.** Well, they usually try and seek help for their friends because in Lafayette we have one place they can go to seek help, but they really have to have a trust in the place before they can go to find any help at all. They try to help each other in some way.

Mr. **Phillips.** Thank you very much.

No other questions.

Chairman **Pepper.** Mr. Murphy.

Mr. **Murphy.** Thank you, Mr. Chairman.

I would like to ask you if there is any research now in the pharmaceutical college at Purdue? We have had these suggestions presented to us by pharmaceutical houses regarding the possibilty of an antagonistic drug being developed. I wonder, Doctor, if you could comment on it?

Dr. **Spratto.** You mean to heroin?

Mr. **Murphy.** Right.

Dr. **Spratto.** There are several drugs which have been discovered which are potentially antagonistic to heroin. Methadone, of course, is one of them. It has been on the market for many, many years.

There are some others being tested. I believe even the Mayo Clinic came out a couple of days ago, or last week, with some new substance. So there is some research being done in that area.

In other words, the use of one chemical to prevent the use of what many people consider a more harmful chemical. I do not necessarily believe that that is the answer. But yes, in answer to your question, there is research going on.

Mr. MURPHY. What is your opinion, Doctor? Do you think they will be successful in coming up with an antagonistic drug?

Dr. SPRATTO. They have antagonistic drugs.

Mr. MURPHY. I question some of the effects of them, though, such as methadone. I think we are kidding ourselves.

Dr. SPRATTO. I do, too.

Mr. MURPHY. In 1902 the cure for morphine was heroin and here we are with a heroin culture today, with all types of crime among our youth and devastation to the Nation.

Methadone is a synthetic painkiller developed by the Germans in World War II when they were cut off from opium growing countries as a result of the war. So methadone is really a way of keeping the heroin addict busy and from committing crimes, in my estimation. With all of our resources and brain power, what I am asking is: Do you think there is a possibility of coming up with a drug that will have no bad side effects or ramifications from its use; perhaps to the point of immunizing young people in grammar school against the future use of heroin?

Dr. SPRATTO. I would say it is possible. Whether we are going to see it in the next years, I have my doubts, since no drug ever discovered has been completely free of side effects.

Mr. MURPHY. How about our great universities, such as Purdue? Are they undertaking or would they accept a grant from the Federal Government to undertake a study like this?

Dr. SPRATTO. Yes. As a matter of fact, we are in the process of submitting one right now.

Mr. MURPHY. May we have the basis of it, or is it premature?

Dr. SPRATTO. No, it is not premature. One of the things we would like to study is relapse to heroin; in other words, what causes relapse, and what can be done to prevent relapse.

What makes people relapse. Is it something physical? Is it some behavior because of stress? Is it because they like some psychological effect of the drug? We have a lot of people saying different things, concerning relapse but we really do not know what causes relapse.

If relapse is something that happens because of stress or biochemical or physiological changes which occur, we might be very well able to identify a drug which will do the things you suggest. We are going to study other things, but this probably is, to my way of thinking, one of the more interesting aspects of the proposal.

Mr. MURPHY. Doctor, we had a witness yesterday, and if we were to follow his testimony, we would say that when you go into a school exposing the effects of drugs you are really encouraging the use of those drugs. How would you accept that testimony?

Dr. SPRATTO. I would not, because as Bob mentioned, when we go into the school we find the students have a great deal of information already. Unfortunately a lot of this is misinformation. One of our objectives is to straighten this out.

Now, there is no doubt that the information may indeed cause him to use a drug——

Mr. Murphy. Whet someone's appetite?

Dr. Spratto. Right. Whet someone's appetite. But we feel we must provide the basic information. We must make available people who can talk with young people.

As I alluded to previously, this is certainly not the answer because we are really a one-shot deal, which I do not like. We go in and talk with young people for maybe 40 minutes.

Mr. Murphy. There is no followup?

Dr. Spratto. We never see them again. Our students give their names and phone numbers and many times the kids will call them and then they deal with it on a one-to-one basis.

Mr. Phillips. You also have a crisis operation?

Dr. Spratto. The city of Lafayette does have a crisis center, which I guess in contrast to many large cities is very effective. Not only drug crisis, but any type of crisis. Our drugs calls and walk-ins are running about 17 to 20 percent right now, which has stabilized over the last several months.

Mr. Murphy. Thank you, Doctor.

That is all the questions I have.

Chairman Pepper. Mr. Mann.

Mr. Mann. No questions.

Chairman Pepper. Mr. Rangel.

Mr. Rangel. No questions, Mr. Chairman.

Chairman Pepper. I think you gentlemen, approaching this matter as you do, present an interesting example maybe that others should follow. Ordinarily the young people don't like you to preach to them, do they? If they think the purpose of your showing is a moralization to frighten them, and that sort of thing, then they turn off. Isn't that a fact?

Dr. Spratto. That is right.

Chairman Pepper. But you gentlemen, you are professional in your approach, you are simply telling them exactly what these drugs are. Showing them what the effect is if you take a barbiturate. This is what happens to the body. The chemical processes or whatever it is in the body.

Whereas if I take a pep pill, amphetamine or methamphetamine, this is what happens. You tell them about heroin. But you don't show films of children dying with needles in their arms, and all that sort of thing, which is expected to frighten people against doing it.

Dr. Spratto. No.

Chairman Pepper. So that is a very interesting approach, to let it be purely on a low-key professional level, just simply giving them the information. And you found their responses receptive, didn't you?

Dr. Spratto. Very much so.

Chairman Pepper. One thing, Doctor. I am a great believer in research. I have seen so many miracles performed in my lifetime by the scientists of our country, and the world, that I believe if we put enough interest and enough money and employ enough personnel in various ways, that we can find a long-lasting orally taken drug that will not have the injurious side effects and will not be an opiate, will not be addictive, and will curb the euphoria that you get from taking heroin and diminish the craving and the like for it.

I am very hopeful. We are putting more money at the national level, as you know, into that research, and this committee was somewhat largely responsible for getting a provision in the last bill that went through Congress on this subject, to authorize a special approach to the drug houses.

The big drug houses of this country have more personnel and more facilities available for this type of research and generally more know-how than you find anywhere else. But they haven't been putting much emphasis on it. They have been before our committee and admitted they haven't been doing very much in this field.

We are trying to develop a program where money will be available to them, and this committee has proposed, also, that the Government would even pay 50 or 75 percent, or even up to 90 percent of the cost of experimentation and then if they are successful in the development of that kind of a drug that we want, let them own it and make what profits they can on it, pay us back the money we advanced them in return, if it becomes profitable. But we want to try and get them involved.

I hope you have been a little too pessimistic for the hopes of the discovery of such a drug.

Mr. **Majkowski.** One thing we find when we go out and talk to many of the parents we talk to, they say, "How come the kids are taking drugs? We never had that problem when we were young. We did other things."

Chairman **Pepper.** They didn't have airplane hijacking, either.

Mr. **Majkowski.** Right. The TV media has done an awful lot. The commercial you see for drugs, one in particluar where you see children marching around a town carrying a banner about a particular drug, which is their flavor, good flavored, which they like to take; or when I have an upset stomach, take a pill; when I have a headache, take a pill; when I want to lose weight, take a pill.

When I have a problem, well, maybe I should take a pill.

So people on our committee would like to see something happen to these advertisements that would cut this down on this type of exposure. This is what the children are seeing, this is what is making us a drug-oriented society. It is not the companies that are putting out these advertisements, it is the advertising companies writing them. They know absolutely nothing about drugs. All they know is about advertising, which is their business, but they are driving this drug-oriented society into the subconscious of the people and all of the young people are turning to drugs as an answer to all of their problems.

If I am having a problem with my parents, maybe if I take a drug I can solve it. If I am not having a good time in school, maybe if I take a drug I can solve it. If it solves everything else, why can't it solve that?

Chairman **Pepper.** Isn't it a fact the parents too often are not setting a good example for the children when they have a cabinet full of all of these various drugs?

Mr. **Majkowski.** That is true.

Chairman **Pepper**. A while ago one of the witnesses talked about a little boy taking his mother's barbiturates and carrying them to school with him. As you say, the parents are too often oriented to drugs and the children naturally take it up.

Mr. **Murphy**. Just as an aside to what you just mentioned. Some of the viewers have been calling in their opinions to the station, and one of the opinions most frequently cited was the very point you just brought up.

Why doesn't Congress ban advertising of drugs on TV?

Maybe this is a good point and we should look into it.

Mr. **Majkowski**. When you go as far as making vitamins chocolate flavored and shapes of your favorite cartoon character for children to take, even something like that is harmful.

Chairman **Pepper**. That is a valuable suggestion.

Anything more, gentlemen?

Mr. **Martin**. I have one thing we observed last year. We were at a Government facility, the narcotic rehabilitation center in Lexington, Ky., in the spring of last year. I felt the impact of what I observed there, I gained a lot of information where I was misinformed before about narcotics withdrawal and how you could really help a person to get out of the dependent situation with heroin or narcotics or just drug addiction in general. I was really happy with the situation, of clinical psychology and therapy for the patient.

I really want to express the point that we really need to understand the people having drug problems. The general population of the United States needs to get help for every person we can that is having a drug problem, because we are not having the understanding needed by these people.

We also must realize before we can do anything at all, the people have to realize they have a problem before they can seek help. If they don't realize that, we can't do anything for them.

Chairman **Pepper**. Gentlemen, we want to commend you not only for coming here today, but the way you are helping the country with this program that you are a part of. You and your colleagues, please accept our warmest commendation. Thank you for coming.

(The following addendum to Dr. Spratto's testimony was received for the record:)

ADDENDUM TO PREPARED STATEMENT OF DR. GEORGE SPRATTO, ASSOCIATE PROFESFESSOR, SCHOOL OF PHARMACY, PURDUE UNIVERSITY, LAFAYETTE, IND.

One of the questions asked of many individuals testifying before the Select Committee on Crime was how the government could be of assistance in the area of drug rehabilitation and education. I feel the government can be of great assistance in certain areas with only minimal shifts in current operating procedure. One of the obvious ways in which the government can increase its support in the area of drugs is, of course, to provide the necessary funds for the development and maintenance of rehabilitation and educational programs. Although the government has made available large sums of money in both of these areas, the average individual working in a school system or as a part of a community project has no concept of how or where to apply for these funds. Thus, some mechanism should be formulated and publicized so individuals will at least have a contact where they can obtain the necessary information and forms to apply for these funds. In addition, the agencies that are providing these funds should be willing "to take a chance" on innovative and unsual programs which do not follow the traditional methods of prevention and rehabilitation.

I feel that the Bureau of Narcotics and Dangerous Drugs and the National Institute of Mental Health have some excellent material (pamphlets, films, etc.) for use by teachers, parents and school children not only on the basic facts regarding drugs but also in implementation of community projects and programs. However, even most teachers do not know where to write for information. On the other hand, if one utilizes the address of the National Clearinghouse for Drug Abuse Information which has appeared many times on television, one waits many months before the material is received because of the huge backlog of letters requesting information. On several occasions individuals have told me they have never received the requested materials; I recently waited four months to receive information from one of these sources. One possible way to solve this dilemma is to develop regional distribution centers for drug abuse information. Such centers might have government as well as non-government publications, slides, films and the like. The address of such centers would need to be widely publicized and the staffs at such centers regulated in such a way as to keep up with the volume of requests. In fact, a "hotline" of sorts where an individual might call to request information would be invaluable; such information could be forwarded to the person in one or two days following the telephoned request. The staff of these centers would also need to have some knowledge of the types of materials needed for certain types of programs.

Another area in which the government could play an important role is that of teacher education. It is my belief that no teacher should be allowed to teach about drugs unless they are certified to do so. Certification could be obtained as a result of successfully completing courses or a program of study on drug education techniques which are already being offered in several universities. Not only could the government urge that certification of teachers in this area be mandatory but could provide the funds to individual teachers, if necessary, so they can obtain this additional education.

Thank you for allowing me to submit these additional remarks.

Mr. PHILLIPS. The next group of witnesses are Father Jose Cruz, Jose Lopez, Ann Grzelak, and Helen Frau, all of whom are involved in a program here in Chicago which deals specifically with people of Latin origin who are affected by the drug problem in a slightly different way than other people.

STATEMENT OF REV. JOSE CRUZ, PROJECT DIRECTOR, EL RINCON COMMUNITY CLINIC, CHICAGO, ILL.; ACCOMPANIED BY JOSE LOPEZ, TEACHER, TULEY HIGH SCHOOL, AND PRESIDENT, BOARD OF DIRECTORS, EL RINCON COMMUNITY CLINIC; ANN GRZELAK, HIGH SCHOOL STUDENT, JOSEPHINUM HIGH SCHOOL FOR GIRLS; AND HELEN FRAU, FORMER STUDENT, TULEY HIGH SCHOOL

Mr. PHILLIPS. Father, you are a Jesuit priest; is that correct?

Reverend CRUZ. I am.

Mr. PHILLIPS. Special Order of Jesuits within the Roman Catholic Church, and you say you are a Cuban?

Reverend CRUZ. I am a Cuban. I lived in Cuba and Venezuela, went to Spring Hill College in Mobile, Ala., and then came to Chicago, where I studied at Loyola University (M. Ed. in counseling), went back to Miami where I taught at the Jesuit School in Miami. Then I went to the Dominican Republic, where I taught psychology for 3 years at the National University. Finally, I came back to Chicago to complete my studies in theology and psychology. Now I am working for a Ph. D. in counseling.

Mr. PHILLIPS. Is it usual for Jesuits to travel that much?

Reverend CRUZ. They say it is.

Mr. PHILLIPS. You say you never saw a drug addict before you came to Chicago?

Reverend CRUZ. Before I came to Chicago, I never did. I heard about it, but never met them.

Mr. PHILLIPS. Would you tell us your experience with drug addicts in the Latin community?

Reverend CRUZ. Actually, I met the first real group of drug addicts last Christmas. So I am an "expert" since last Christmas. I met a few of them at our church. Dan Nagel came to talk to me about an article I wrote in the Chicago Sun-Times: "A Comparative Study of the Latins and the So-Called Americans."

So he came to ask me my opinion about them. I could never answer his questions because he had some drug addicts he wanted me to take care of. So we started a small group therapy at our church. In the basement, at first, and inside the church, itself, lately, because we didn't have any other place.

From here I moved to work in a drug addiction clinic on North Avenue, which was owned and directed by a profitmaking corporation. After being there 4 or 5 months, we couldn't take it any longer and took up a protest action. We wrote about and publicly manifested the many abuses being committed in that clinic.

Finally, we were advised to open our own clinic in the community run by a board of directors from the community.

Mr. PHILLIPS. Could you tell us what the situation was in the community that you needed these clinics? What was the situation?

Reverend CRUZ. It is claimed, in at least Chicago, that if there are more than 50 heroin addicts in one area, it is denominated a major heroin problem area. Conservatively speaking, I have heard in the Illinois Drug Abuse Program that we have in our area, just taking a radius from our church, a 10-block radius, between 5,000 and 7,000 addicts. These are heroin and cocaine addicts.

Mr. PHILLIPS. Could you tell us where that area is?

Reverend CRUZ. That area would be roughly from north of Chicago Avenue to Armitage, then east to Ashland, and going west as far as Keelzie or even California. This is the heart of the Latin, and very especially of the Puerto Rican, community.

Mr. PHILLIPS. You say you have up to 10,000?

Reverend CRUZ. I would say 5,000 to 7,000. Some people say more, some people say 3,000 or 4,000, around there.

Mr. PHILLIPS. Are they young people; old people? Describe the population that is involved in drug addiction in your community.

Reverend CRUZ. Right. See, there are all sorts of people. Up to last year only people over 18 could be treated in methadone maintenance centers. The majority of people are between 18 and 30 in the methadone maintenance program. I am working in the drug addiction clinic El Rincon as the project director. We have 300 addicts.

Mr. PHILLIPS. Could you tell us what the situation is in the schools in your particular area?

Reverend CRUZ. OK. Back to schools. See, in our schools we have, let us say the schools which at least I visited, a peculiar problem.

I went and visited Von Hunboldt Elementary School asking for information, after your committee arrived. All I could get was that only around seventh grade or eighth grade, the kids began using pills and marihuana. Marihuana is commonly used by the youngsters of our neighborhood. They smoke marihuana in front of our church. I have seen that, and you can't do a thing about it. The kids claim, at least the one kid I talked to who was supposed to be the expert, that they now are introduced to drugs around the seventh grade. He didn't want to come here because he was on probation. He was scared.

He claims they get almost everything from Tuley, which is the high school that Jose is teaching at. They get most of the pills from there and most of the connections from there.

Right now they claim there are almost no pills around the neighborhood. I checked that out and it is true. Pills usually come out around February or March. I don't know why, but it seems to be that way.

Tuley High School is the biggest school in the area. Is located about a block and a half from our church. Tuley is a big school with a majority of Latins, most of them Puerto Ricans. The problems are a language and cultural problem in the school, lack of meaningful communication with the teachers and a good number of dropouts as a natural result of all this.

Now, the drug problem there seems to be serious, but I would rather have Helen Frau, who is from there, tell you about it.

Mr. **Phillips.** Helen, could you tell us about the drug problem? You went to that school, and still go back there doing community work and have friends and relatives in the school, as well. Is that correct?

Miss **Frau.** Yes, I have two brothers that go to the school. But since I graduated in 1969, in August—when I was in the school, at that time there were drugs real easy to get. We used to smoke and burn them in the bathrooms, we used to buy pep pills and stuff in the cafeteria, itself. I can even say that we have had, when I was there, two teachers who would hold the stuff for us. Which is kind of, people look at me when I say that, but it is true.

Mr. **Phillips.** They were actually teachers in the school who were holding the drugs for you, or needles?

Miss **Frau.** Once in a while they would check the lockers. They would have, just the teacher, principals would go along checking the lockers and stuff like that.

Mr. **Phillips.** One of the gentlemen who was with you when you first met me actually told me that one of the teachers would hold his needle and his equipment.

Miss **Frau.** Yes, one of the guys.

Mr. **Phillips.** And the teacher would hold it for him, and the drug situation in that school was rather rampant.

Miss **Frau.** He said now it is even worse. Well, what I can see, it has gotten much worse.

Now, before when I was in the school, we had kind of a little trouble getting heroin and stuff like that. But now it is in the school. Heroin is in the school, whereas before we only had to walk maybe half a block or right across the street. Now it is inside the school and it is in the bathroom, and this is, you know, talk that I hear from the students, friends of mine.

Mr. **Phillips.** How many kids are into it in Tuley?

Miss **Frau.** Tuley?

Mr. **Phillips.** What percentage?

Miss **Frau.** When it comes to percentages, it is really hard to say. It is like you ask the teachers that were here on the panels, and you ask them about percentages. How would they know if they are not students and they are not in the crowd?

Secondly, like I have got my own crowd that I would hang around with. So I would only know about those people. Now, when I try to say percentage, I can say about half or more. I mean more than half, you know, that are really on some kind of drugs, either heroin or just popping pills or something. Marihuana is something that is all over. Everybody has tried it, everybody does it, even at parties you go to, you are afraid to go to parties.

You are afraid to walk down the street. So I can't really tell you percentagewise.

Mr. **Phillips**. That is more than adequate. Thank you. Could you tell us what the teacher reaction is to drug abuse in that school?

Miss **Frau**. When I was there we had nothing done about it. In fact, sometimes I remember we had a human relations club and we would ask people to come and talk. I remember once we wanted someone to come and it wasn't allowed, for some reason or another. It wasn't allowed for him to come and talk to us about drugs.

Later on, this was when I was a sophomore, when I was a senior later on, I think someone did come to us and talk to us about drugs. It was a doctor came and gave us a speech about drugs. It was really something very simple, something we knew already.

If you are on stuff, you know about it; but what we wanted to know is what is really dangerous. What are we doing wrong? We are seeing our brothers and sisters falling down in the street and dying. It is kind of hard when one day you go to school and you are sitting next to someone and all of a sudden, the next day he is not there any more. This is really a problem for the students in the schools.

The teachers, they would just ignore us. You put down your head, put your head down on the desk, and they pass right by you.

Also, the gang situation: It seemed like just because these teachers didn't live in tne neighborhood, they don't know our problems, they don't know our culture problems, they don't know the way we live, the way the community is, after they leave. I mean, the bell rings at 3:15 and these people are already 4 miles away. It is, you know, it is really heck. You can't even ask a teacher—you couldn't ask a teacher, "Listen, I have got a problem, I have got to talk to somebody." They didn't have time, or else they say come during your study period. During your study period, if you want, you get an absentee from your study class, which means all of a sudden you get three absentees, they call your parents up.

Now it is a little more lenient. But this was in my time, it was really hectic. You couldn't wait after class and talk to someone because you get a tardy and three tardies they call your parents up. First of all, you don't want your parents to know about it.

Secondly, your parents, I mean parents in the Latin community, the majority aren't high-class, sophisticated people who can come to these kinds of panels, who can watch channel 11 programs. They don't have the time. You would be surprised if they have a television set.

Secondly, they don't understand the language. Which means that it was just all for no use. It wasn't even worth trying to talk to the teacher.

So when you ask, I don't care what the problem, what the teacher reacts, I can say nothing.

Mr. PHILLIPS. Perhaps, Mr. Lopez, you would like to comment on that question.

Mr. LOPEZ. Well, I happen to have come from Puerto Rico when I was young. As a matter of fact, I did most of my elementary schooling in the Chicago Public School System. I graduated from Tuley High School and I am presently teaching at Tuley High School.

I could believe that there are many teachers that do not care. This is something that we cannot deny. My problem is not so much—let me just add one point that has bothered me through the 2 days I have been hearing what has been going on in here, that is you are interested in numbers. It is good to be interested in numbers, but I think if there is one person who is taking drugs, it is a problem. If there are a thousand people that are taking drugs, that is a problem.

You know, in America we are so interested in numbers. And really I feel this is kind of not important.

Mr. PHILLIPS. I hate to interrupt. We are not interested in numbers for the purpose of numbers, we are interested in numbers to know how much resources are needed. I believe we have to deal with it. If it is only one person, maybe we need one counselor and the board of education here will do the job by just calling up tomorrow.

If we are dealing with two people, 10 people, it varies. The response has to fit the problem. The numbers are the problem. I mean, are we dealing with a small minority of drug people or are we dealing with a large population.

Mr. LOPEZ. I think that you are dealing with a large population and the population is not—I think the problems you have to attack are the problems not only in the schools but also outside of the school. We are dealing with a community that is virtually nonexistent, according to our public officials. We do not have any representation in the city of Chicago, on the Federal level.

The only man that is of Puerto Rican descent happens to be from New York City.

The population of Chicago, the Puerto Rican population of Chicago, is very large. It has one of the highest unemployment rates in the city. It is also one of the areas that has one of the highest dropout rates. I would like you to familiarize yourselves with the report, the Lucas report, which came out last year on dropouts. Really, what happens when a person drops out, it is usually those that are the brightest ones turn to drugs.

Mr. PHILLIPS. Mr. Lopez, I agree with you entirely. In the last 3 years over 33,000 or 34,000 people have dropped out of the Chicago schools. Over 50 percent of the crime in this city is committed by people who are dropouts and who are under the age of 20. So I couldn't agree with you more that that is a problem, and if we can do something about saving them from getting involved in drugs and keep them in the educational system we will do a lot to curb crime.

Mr. LOPEZ. I think the problem here is that we, as a community, have been left out of everything. As a matter of fact, in this hearing, I believe, unless tomorrow there are other people scheduled, not even the Mexican community of Chicago, which is extensive, has not even been contacted. I believe that, in itself, represents the really insensitive nature of many of the public officials.

I would like just to make this public because I think the problem is grave. The problem is larger in our area. We have at Tuley High School, presently, the largest number of Puerto Rican teachers, and that is very little, of any school in the city of Chicago. There are very few because the board of education has done very little to try to get more Puerto Ricans into the schools.

This comes up to another problem. When a kid gets into the school, he enters the kindergarten, a teacher usually, if he is dirty, if he does not have nice clothes, right away the teacher shunts him aside. This teacher has been taught that to look nice and all of these things are what makes a good student. What happens is throughout his experiences in school he is a failure.

When he gets to the eighth grade, this kid already has said to himself, "I am a complete failure, I can't continue." Often enough these are some of the things that lead to usage of drugs.

There is also the problem of identity the Puerto Rican has. The problem, as the gentleman this morning made it very clear, he is a nonperson. He has very little identity. I have been in the Puerto Rican community and I continue to work in the Puerto Rican community, but sometimes you feel like it is almost hopeless, what you are doing, because you have very little reaction from the people who have the power, which we do not have right now.

We don't have anyone right now. A group of us teachers is writing up a proposal and while all the other proposals for other groups the board of education takes care of, we are not even having a proposal written by the board of education to ask for a bilingual center.

I think we have so many other problems that are all interrelated. It is a problem that you can't really say well, you know, we are just going to deal with the problem of drugs, because you have to attack many, many other problems.

The problem of crime is a problem that is very much interrelated. I will be working at Stateville Penitentiary. As far as I know, there are about 200 Spanish-speaking inmates. It is very interesting that one of the inmates there, who happens to have graduated from college right in prison, gave me a little proposal, in which he would like to see that somebody sponsors this proposal. It is to try to get these people who are already in jail to come back, give them some time from the jail to come out and talk to the students in the school, to talk to the gang members, to talk to the kids on the street. It is a very worthwhile program but it will probably never be put into action because there is no one to sponsor this.

Mr. **Phillips**. Mr. Lopez, there are programs functioning. I know they are functioning in New York.

Mr. **Lopez**. They are not functioning here.

Mr. **Phillips**. Perhaps they should be.

Mr. **Lopez**. They should be.

Mr. **Phillips**. Could we go to Ann and get her view of what is happening in her school, in relation to drugs.

Miss **Grzelak**. Well, like I am in Josephinum High School. It is a Catholic school for 400 girls. That is our population. We are in the Puerto Rican community, and most of the girls who are taking anything are the white girls, the poor whites, who live in the community. We have a few Puerto Ricans but they are of upper middle class, you know. They don't live in the real deep down Puerto Rican community that is so poor.

It is not really that bad in our school, but it is there. We have a lot of pills and grass.

Mr. **Phillips**. What kind of pills?

Miss **Grzelak**. Speed and downers. Mostly speed. Just a few downers, and we have a couple of pushers, but not that much.

But what school is, it is like a second family, and all of the kids who go to school, they really relate to the other students, and the student body is close. Since most of the people are of the neighborhood and the community, they bring their neighborhood into the school. And to first get rid of drugs in school, you have to get rid of drugs in the community, because that is where the drugs come from, the community itself.

That is why we need help with whatever we are going to do. That is why we are here.

Mr. **Phillips**. You heard what Congressman Mann said, that it is very, very hard to stop them and maybe the best way to stop them is to dry up the market, and mainly by drying up the market we mean educating and conditioning young people so they will reject drugs when they have an opportunity to choose. I think that is what we are talking about.

So one of the attacks, at least, should be in that direction.

Miss **Grzelak**. Yes.

Mr. **Phillips**. Could you tell us if the faculty and administration of your school is aware of the drug problem?

Miss **Grzelak**. All we have got as drug education programs is a couple of days in health going toward drugs. And health is only for freshmen, and that is all we have got. It is not very much and it is only one teacher knowing about it. The teachers in our school, they know they have a drug problem, but they don't know how to handle it. They don't know if they should come up to the people and talk to them, and they just don't know if the kids are on it or not.

They do know something is different but they don't know why. And that is why we do need a drug education system going.

Mr. **Phillips**. Father, one of the things you told me, which impressed me considerably, is the fact that you thought that because of a Latin culture, a person's existence in a Latin culture, a therapeutic program or counseling program for Latins had to be different than that for whites or blacks or certain people from different ethnic origins. Could you please explain that to the committee?

Reverend **Cruz**. It is a very difficult thing to convey, especially if you never worked or lived together with Latins. I will give you a few facts briefly.

There has been only one clinic for drug abuse in the United States that has been burned down. It was located at 2047 West North Avenue. I worked in that clinic. Some people claimed it was burned down by the addicts. Some say by the pushers, some say by the clinic staff. Nobody knows, but the fact is, there was a serious problem between the staff of that clinic and the clients.

The members of the staff were, most of them, from out of the neighborhood. They used the so-called confrontation method that was defended here yesterday by the director of Gateway House.

Now, nobody, knowing how the Latin people react, or with a minimal knowledge of the Latins in general, should use that method. Much less with the kind of people we have in our clinics, the drug addicts. Why? Because, as some people put it, and this is only a joke with a little bit of truth in it, if you confront a Mexican, the Mexican, like some of our black brothers of long ago, will bow his head and wait patiently. But he will come back later, no doubt, and react violently against you.

If you do that to a Puerto Rican, he will shoot you or knife you right there, and then later he will feel guilty about it. I just jokingly say that.

If you do it to a Cuban, it is said, he will shoot you and will not feel guilty afterward.

This is a joke that we tell. It is the difference in temperament, the real point of the story.

Mr. PHILLIPS. In other words, you feel the confrontation technique——

Reverend CRUZ. Does not work.

Mr. PHILLIPS (continuing.) Which calls upon someone to be very candid, frank, and probably critical of a person, does not work with a person of Latin origin?

Reverend CRUZ. There is a problem. A Latin drug addict does not trust anybody. Anybody. I have been working with them for a year, and it took me quite a while to be trusted.

As a matter of fact, I would say that I have been trusted since about the last month and a half—really trusted. It is only lately that it makes a difference whether I am there or not. I am a priest, and for a Latin, because of our upbringing, a priest usually is a person that can be trusted. Now, imagine somebody else from out of the neighborhood coming here calling these youngsters names and the kind of names used in drug addiction clinics—words that you cannot say here because they will turn the TV off.

Mr. PHILLIPS. A lot of insulting terms used?

Reverend CRUZ. Insulting terms used to tell a person what he is supposed to be doing. He takes methadone and heroin or cocaine, or whatever, also. So the test comes dirty, it is said. Therefore, you confront a person, and in the confrontation, you don't give the person a chance to talk. The client is wrong always because he used to lie and deceive as an addict.

The Gateway House director claims that such a long history of dishonesty and deceiving, tends to build up a pattern, a habit; therefore, this technique of confrontation attempts to break that habit, shield or barrier and to get through to the person.

Now, that might work with some other people. That does not work with the Latin because the more you hit them, the more they tend to close into themselves.

So that is one point I disagree with. I told them I will not use this technique. It goes against my personality and it goes against everything I know of the Latin culture.

Mr. PHILLIPS. Also, I think you mentioned that perhaps the interaction of the sexes, male and female role.

Reverend CRUZ. Right. For example, I consider a naive thing to believe that the technique which is proved successful for one community is a technique you can use all over the country. The Mexican people, and ourselves were on TV Saturday—actually, that is why we are here, because we were on TV Saturday, and some of the staff of the committee saw the program. Then they realized there were some Spanish people in Chicago. They brought us here. Actually it seems that we are here because Congressman Dan Rostenkowski gave us a little push.

It is very interesting: Mexicans claim they cannot have group therapy. Why? Because men and women together in the same group doesn't work in the Mexican community.

Now, I don't have the same experience with the Puerto Ricans or with some Cubans, not even with some Mexicans who are living with us. But the experts will go to the Mexicans. They will tell them that this is the most basic therapeutic technique, and as a matter of fact, group therapy is the heart of rehabilitation in drug abuse programs. But I will say this: that the technique of confrontation in groups does not work with our people either.

I believe, of course, that there is a need to confront a person. You must not let yourself be deceived, because they do try to deceive you. But at the same time, underlying it there should always exist an atmosphere of responsible freedom, a permissive and loving atmosphere which allows them to open up and relate to you in a profound way.

Latin people are motivated through friendship. Perhaps this is the biggest difference between the United States and the Latin American countries. You believe in order, we believe in friends. Your system is based on law, our system has got to be based—some day in the future I hope to find out what that is, the foundation of a political system—on friendship; because that is the way we are built.

You don't expect the law to be equally applied to everybody. You expect to go over there and talk over your own problem. That is the way we are. You could say that we have to change radically, but the fact remains: We are going to deal with people who are built that way.

These are the three or four guiding principles in our clinic: The first one which is the principle of Carlos Correa, who is now the assistant director of our clinic. He claims that the basic principle in our clinic is kindness, to be kind to people. Actually we did not hire some people because we thought they would not be kind enough to the clients. Specifically, there was a girl we did not hire because she was not kind to people.

The second principle is responsibility. While you are there, you are going to be responsible, but we will give you the benefit of the doubt. We have done that.

Now, this is not the common way of treating addicts. In case of doubt, they are wrong, they are deceiving you.

The third guiding principle of our clinic is this: Drug addiction rehabilitation must take place in the neighborhood. That is why I was really surprised to hear from the director of Gateway that they build a miniature society out of the person's community. And when you asked the question, Congressman Rangel—that looks like a Latin name—when you asked him the question, what happened when his people finished the program and went back to their own neighborhood? He mentioned they instill in them so much the idea of personal realization and personal betterment, that they will not go back to where they came from.

I am really surprised. For me, that is, in Catholic terms, a mortal sin which can only be forgiven by the Pope, you know. How can you expect——

Mr. Phillips. Is that Jesuit philosophy?

Reverend Cruz. Seriously, how can you expect to work in our community in the rehabilitation of addicts, the biggest problem we face, and do it in such a way that when they are rehabilitated, they move out? This is giving in already.

Let me make this final point: I have been asking the different leaders in the Latin community—and these are not the people who work with drug addicts—which one is the biggest problem we have in our community. Well, I guess I asked the wrong people. They all told me that gangs and drugs—excuse me—drugs and gangs. And I asked them why.

Actually, the biggest problem is people moving out. In the near Northwest side, everybody is moving out. I said I talked to the wrong people because one of the Latin leaders I talked to that day told me "I am moving out this week, you know, because my son has been threatened by some of the kids of one gang and has also been approached with drugs." He said, "I don't want to live here. I might even continue working here, but I want my whole family out." He said, "I want to buy and I cannot wait to buy." This was about 4 weeks ago.

So the biggest problem is people moving out. Why are they moving out? In the city of Chicago, 50 percent of all violent crimes are said to be committed by drug addicts. In our neighborhood, it is estimated that over 80 percent of all crimes are drug-related problems. We have one death per week, excuse me, I don't think this is accurate; two per week. Last week, I can give you the names, Billy Strong, 14 years old, and Angelo Cruz—with my last name and from my parish—the two of them shot. And they were shot dead. This week it was another kid from our clinic: On the corner of Division and Damen. He was shot six times. He is alive, though.

I am expecting there will be somebody else tonight. In a sense, this is our biggest problem, drugs in the community and in the gangs.

Mr. Rangel. Excuse me, Father. Who is doing the shooting?

Reverend Cruz. This is a good question. Some of them fighting with each other. Many times it is a pusher, or a drug addict trying to get money from a dealer. Since they know pushers carry money, usually at certain times of the day which the addicts know well they try to get them right there. Many times, it is because they are on drugs. I don't say that usually when you are high you tend to be aggressive. That is not correct. When you are high, you tend to quiet down. When you are looking for the stuff, that is when you are aggressive, because you are desperate.

This is going on in our neighborhood every night. And if you want to test it, come with us there tonight, we will find a place for you at the church, and you will hear a shooting tonight. It reminds me of Cuba in 1959 and 1960. I was used to sporadic shootings in the Dominican Republic in 1966, after the invasion. Let me tell you: There is shooting going on all over the place in our neighborhood; and I thought in coming to this country to find a quiet place to be able to study. Sometimes I wake up at night and let me tell you I am scared. Especially, when they call me because I am the priest working with the drug addicts. Well, you know, one of these days——

So, as I see it, drug addiction is the No. 1 problem of our community and there is no doubt about it. I had a doubt 2 months ago. I don't have a doubt right now. I don't think I am stretching a point. I say I am no expert in drug addiction, but I am an expert in these people I know very well. We have 300 addicts coming to our place. We opened the clinic because the Church of St. Aloysius gave us their fullest support. We didn't have any money at all.

Mr. Rangel. How much support do you get from the archdiocese?

Reverend Cruz. Nothing.

Mr. Rangel. Because, as one——

Reverend Cruz. I was told I shouldn't be working with the addicts. This isn't good.

Mr. Rangel. As one Catholic to another, in the State legislature, busloads of people came up——

Reverend Cruz. Excuse me, I think I have been incorrect. The Campaign for Human Development has given us $10,000. Not for the drug addiction clinic but for an educational program. I think this could become a training center for drug addiction experts, counselors and teachers. But that is all we got, and to be used only for that purpose, not for a rehabilitation clinic. Excuse me.

Mr. Rangel. But it is a fact many churches are really closing their doors to evening activities because of the lack of safety in the streets.

Reverend Cruz. Ours was one.

Mr. Rangel. As a politician, I always try to appeal to one's self-interest rather than what is moral and just and right. It seems to me that a church, which has a responsibility under the Scripture to help the unwashed, has been a little absent here and the churches are losing money in the more affluent communities because of the mobility of the poor to find out where streets are located.

Reverend Cruz. You want to hear my opinion, it seems. I asked the senator of the priests of our area if we could have a chapel. I didn't ask for a rehabilitation center, but a chapel where we could have religious services, since most kids are Puerto Rican or Polish, and they are both very Catholic in background. I mean, somewhere in their history, they are Catholics in their origin. Today, nobody knows. I asked for a religious center at night. We called it a "meditation center." We could offer all sorts of religious services and invite rabbis, Protestant ministers and everybody. I think I couldn't ask for a holier thing to do.

I asked them just for a small rent, $75 a month. We would find the furniture for the place. I am still waiting for a response. That was 6 months ago. We have four or five parishes around clustered together. They gave us no help and little hope. At that time, we didn't have $75. We opened the clinic. The first month I paid the people, I directed the clinic—not only the clinic, but the whole project. I tried to find money from what I had in the bank, $25 to each one of the staff. How happy they were. It is like any group here getting a $50,000 grant all of a sudden or even a $1 million grant.

The second week I paid them $75 each, you know. So one of the checks I gave them, my personal check, bounced.

So, what I am telling you, is not, I don't think, a melodrama. This is reality. I told them, if we get this thing up, you got to know we have no money. So everybody was in the thing for good. They knew how to get the money before, usually stealing, so I guess they continued for 2 more months.

Chairman **Pepper**. Father, have you applied for money from the Federal authorities for your clinic?

Reverend **Cruz**. We haven't because I could not find the way. There is only one person in that clinic, another psychologist, who could help me to write a proposal; but at the same time, I was the only one who could do the writing or do something, and I was busy trying to pull the people together and see that we didn't kill each other. Right now, one of the same youngsters is the director of the clinic. He is running the clinic. I always say he does it better than myself. So, I could spend this last week and a half going out. That is why you saw us on TV.

Chairman **Pepper**. Have you talked to Dr. Senay?

Reverend **Cruz**. Yes. I did talk to Dr. Senay. We did get some aid from the State; we contract with the State.

Chairman **Pepper**. If he would endorse it, or if I were you, I would write a letter directly to the Special Action Office for Drug Abuse Prevention in Washington.

Reverend **Cruz**. We would be very happy. I would give you all of the proposals we have been working on.

Chairman **Pepper**. Doctor Jaffe is head of it and the former chief counsel for this committee is deputy director, and if you would send your able Congressman, Mr. Murphy——

Reverend **Cruz**. I am giving it to him right now. We can't waste time.

Mr. **Murphy**. I will be glad to take it and I promised Congressman Rostenkowski, who has this immediate area where your church is located, that I will get you some help.

Reverend **Cruz**. You are both welcome.

Chairman **Pepper**. Congressman Rostenkowski told us about you and was interested in having you come here and tell us your story.

Reverend **Cruz**. He is a great man.

The point is this: If drug addiction is the number 1 problem, I do believe, Congressman Rangel, that the church should be involved. Now, I don't mean this when we talk about St. Aloysius Church, the only church that has made an all-out effort—we opened our doors finally, and the addicts themselves said that we are going to be there at night taking care of it so that the people could come in and out safely. Because it is true we closed all of the doors. Actually, not long ago, somebody got almost all of the things out of the church, too. Somebody claimed it was the addicts. Finally, we found who they were and they were not addicts. It was easy to blame it on them.

So I am saying, I do believe the church has done very little, and with the Spanish community it is doing very little. If we are one-fifth or one-fourth, the Spanish people in Chicago, of the whole population, about 700,000 to a million, we constitute about half the church of

Chicago because most of the Spanish people are supposed tó be Catholic—"supposed."

Chairman **Pepper**. Father, what is your opinion about the desirability of having a meaningful program dealing with drug addiction in the schools—in the schools, themselves?

Reverend **Cruz**. This is why I say we have a clinic which is a part of a more comprehensive project. This is the whole idea behind it. We want it to be not only a clinic but a community project.

Now, we have four different things we want to have. One is a rehabilitation clinic; the second one is the training center, which we already opened in the basement of the rectory, using the room we have there for counseling as the main office. Third is an outpost for job counseling and placement for former addicts. Lastly, a working house or factory.

This training center, which we opened about 2 weeks ago, is going to be hooked to Loyola University. I teach at Loyola University and I am studying there for the Ph. D. in counseling psychology. I talked to the school of education and to several staff members, including the teacher who is the advisor for my Ph. D. dissertation. I could make this my Ph. D. dissertation: To have a training program, to train leaders, basically former addicts, gang leaders and students from the neighborhood, to become community workers specialized in drug addiction counseling, community problems, and drug education.

This is very good because we might get an associate of art degree from Loyola for those who complete the program. The idea of us working in such program could be a new way of getting into drug education in the schools. We are presenting our first little attempt the 28th at Anderson Vocational School, in the neighborhood. Dr. Spielman, the principal, is also a member of the board of directors of our clinic. They are going to see how we do as drug educators.

The idea is to train their teachers, to train high school students and some college students together with former addicts, as drug educators. Most Puerto Rican students, when they go to college, when they are good, they flee out of the neighborhood. He was telling this to me, Jose Lopez, who had been the best student at Loyola last year; he is in the University of Chicago on a scholarship, and was telling me how many letters he has received with offers to move into another university and teach as soon as he has finished his degree. All Latins, they graduate and they leave. So they don't come back.

We want to train community people right here in the community and while in training, give them jobs to work right there in the community, so they will stay right there solving the problems of the community.

Now, the training is already going on. A few of the teachers are from Josephinum High School; they wish to contribute their time and their talent.

Mr. **Rangel**. Father, I guess most poor communities do have a problem of having trained people and then finding that they try to assimilate and escape from their problems. I don't know whether it is the same in Chicago, but the teachers in New York have their contract that those that have 2 or 3 years in the system have priority in terms of assignment. So that we find in the poorer communities new teacher populations rotating faster than the kids are rotating out of the school. So that I think, if we could get the community in the school, since it looks like we are not going to have total community of our schools which I think is the ideal solution to the problem, that perhaps we could get totally trained people from the community in the school.

Do you have a quick turnover of experienced teachers in the schools that you teach?

Mr. LOPEZ. If I may answer. At Tuley High School, it is unusual, but in most of the other schools in the area, you have a tremendous turnout. Actually, sometimes it is a matter of one kid may get 10 teachers during the year, and this is the reality of life.

Now, at Tuley, we do not. Basically, because, first of all, Tuley is a very large school and, of course, it has problems, but still, as far as in my opinion, it has one of the finest administrations in the city in the sense that they are sensitive and that they have instituted many programs. Many of the teachers have gotten involved.

Now, I think along with that, you have got a problem of teachers who have been there a long time, who are really insensitive to the needs of the new group that is coming into the neighborhood, and that is, the Puerto Ricans. That creates a problem because these people sometimes, usually they become the very staunchest union members and the Chicago Teachers Union is not sensitive to the needs of the minority groups and it has never really made any programs to really put into its bargaining sessions anything to do with, especially, the Latins.

Chairman PEPPER. Excuse me. Are minority groups members of the union?

Mr. LOPEZ. Very few. I am not a member of the union because I don't believe in their philosophy, which is, teacher power, and I don't believe in teacher power. This has been their philosophy in Chicago; that is, that the teachers should become almost imitating the power of the board of education, which I think is dangerous.

Mr. RANGEL. Don't these teachers with seniority have the right under the union contract to move on to more affluent schools?

Mr. LOPEZ. Yes. Except in Chicago, there are a lot of things like, for example, I don't know if it is still in existence, but they put a freeze on transfers because of the problem with the integration plans.

Tuley High School, itself, does not have such a big problem of turnover.

Mr. RANGEL. How could you get the other schools to keep some teachers there that are experienced? It seems to me when the young lady was talking, sometimes you don't know whether the teachers want to know the problems of the community, but even if you assume the person did want to know, by the time they did find out they were ready to go now to some place else, and normally they come back in to study the community, but live some place else.

How do you attract teachers? When we have our contract negotiations, they call it "combat pay," if a teacher stays in a community which has problems which they don't understand, that they give them a bonus in order to keep them there.

Mr. LOPEZ. I think, basically, one solution is to have more community people. For example, a teacher a program, but a teacher a program is now almost being eliminated, little by little. This is partially a Federal program.

Mr. **Rangel.** This is exactly what the chairman is talking about, because politically we think that when we say education, that just strikes that American chord like the "Star Spangled Banner," and let them help themselves type of thing. That if we could lean heavily on the education by getting community aides to come into the school, not only to be able to identify in terms of their peers, but to serve as some chain of communication. We have kicked more Spanish-speaking kids out of school and more black kids out of school as disruptive students, and never found out that the kid couldn't hear, the kid couldn't see, or the kid had a problem in understanding what the hell the teacher was talking about in the first place.

So, if we could get more of the community in the schools, I am confident that that could come under the educational grants that we have.

Mr. **Lopez.** Yes. And let me just make a point that this probably has very little to do—well, it does. We have been left out of most Federal programs, the communities in Chicago, especially the Puerto Rican communities. For example, we were left out of the Model Cities program totally.

Reverend **Cruz.** Model Cities. I couldn't send them any matter. I took to the UPC a program, a proposal for 20 NYC's students who would be in the school and yet on drugs; we wanted to help them out to become trainees in our community project.

I phoned them. The lady answered, "Mr. White," I got the secretary. I could never get to him. I said, "Could I have an appointment," because the head of the UPC said to me unless you get an appointment, you will not get it through. I asked the lady "Could I have an appointment? I am Father Cruz." If I use the church, I thought it might do the trick. I said, "from St. Aloysius Catholic Church." She said, "We cannot give you an appointment, we first must give it consideration and then we will have to consult with the people of the UPC of your place, and then we will call you back."

Mr. **Rangel.** Don't you elect community representatives? Do you have that opportunity in Chicago? I know it is a tight town. The guideline says the community is supposed to elect people to serve on a board.

Mr. **Lopez.** That is news to me.

Mr. **Rangel.** That is the advisory board. You have a poverty program?

Mr. **Lopez.** Nothing. We are left out on almost everything. That is what I was trying to say before.

For example, the Elementary and Secondary Education Act programs. Our elementary schools are almost completely left out of those programs. And, really, some of this group, for example, down home you spend $375 or $395 per year per pupil. If we were under ESEA, it could get up to $700 per pupil spending but it was not allowed. The council itself did not allow it. They wanted to continue with the small schools and we were completely—the schools in our area were left out. We have very little representation. The Latin community cannot count on representation at any level.

Mr. **Rangel.** You won't attack me if I tell you President Nixon has Mr. Ramirez who is supposed to deal——

Mr. **Lopez.** "Supposed to deal," yes.

Mr. **Rangel.** I was trying to say the American thing. I didn't think it would go over big.

Mr. **Phillips.** Mr. Lopez, I didn't understand you when you said there is a program you could have set up and gotten $700 a pupil aid, but it was not set up?

Mr. **Lopez.** Under the Elementary and Secondary Educational Act, poverty areas get certain—schools per pupil spending is doubled.

Mr. **Phillips.** You didn't get the money?

Mr. **Lopez.** We didn't get the money.

Mr. **Phillips.** Why?

Mr. **Lopez.** Because, first of all, according to their thinking, it was either this, you allow the small schools——

Mr. **Phillips.** Who is "they?"

Mr. **Lopez.** Their council that is set up by, I don't know whom. It is not the board of education. I went to the meeting. It is the ESEC Chicago Council, which has very few Latin representatives in it.

Mr. **Phillips.** It would seem to me it would be in their interest, as well as yours, to obtain this additional money. I don't see why anybody would be opposed to it. There is certain money available to those schools which are in impacted poverty areas.

Mr. **Lopez.** We are not considered impact poverty areas. That is the problem.

Mr. **Phillips.** It hasn't been designated as such?

Mr. **Lopez.** You know why. Most Puerto Ricans do not go on welfare. Most Puerto Ricans as a whole—and this probably goes for the Latin community—would rather starve before they go on welfare, and the welfare roll in the Latin community is not that high, but the unemployment rate is very high and then we are not considered a poverty area.

Chairman **Pepper.** Mr. Rangel?

Mr. **Rangel.** I do hope you get those suggestions to the committee in Washington. It is not that we have the answers but certainly we can direct you to those in the administration that have the responsibility of dealing with it. It is a unique problem. It is very difficult for many people to understand why it is difficult to sing all of the words to the "Star Spangled Banner," when they don't give you an opportunity to assimilate in the community, especially with Federal funds. So, if you would send those materials to the committee, we would see that at least the proper agency reviews it.

Mr. **Murphy.** Mr. Chairman, I might say to Father Cruz, if you will give us your project, I am sure Congressman Rostenkowski, who represents your district, and myself will see you get a fair hearing and see you get help down there.

Reverend **Cruz.** Okay.

Chairman **Pepper.** We thank you very much for coming and hope that your being here and bringing this protest will result in help to you. We want to commend you on the zeal and dedication with which you are trying to do a difficult job, Father.

Thank you. I look for as bright a future for you, Mr. Lopez, as Father has already predicted for you. The lovely young ladies here, we are grateful to you for coming and helping.

I promised the reporter we would take a 10-minute recess at 4 o'clock.

(A brief recess was taken.)

Chairman Pepper. The committee will come to order, please.

Mr. Counsel, will you call the next witness?

Mr. Phillips. Mr. Chairman, next is a panel of police officers who are dealing with the drug abuse problem here in Chicago and the suburbs. The first witness is James Gottreich, who is the director of the youth services division, in Sheriff Elrod's office. The other two witnesses are John Wright, who is a patrolman in the community services division of the police department, and Ronald Kelly, who is a sergeant in the youth division here in the Chicago Police Department.

Before we start, I think the record should reflect that Superintendent Conolus and Sheriff Elrod have been exceptionally cooperative with the committee and supplied us with all of the information and witnesses, and continued their cooperation throughout our interviews.

We are grateful to your superiors and will be talking with them directly.

Chairman Pepper. We are pleased to have the record disclose the splendid cooperation on your part and we thank you very much, and we thank the officers who have been responsible for this cooperation.

STATEMENT OF JAMES GOTTREICH, DIRECTOR, YOUTH SERVICES DIVISION, SHERIFF'S OFFICE, COOK COUNTY, ILL.; ACCOMPANIED BY JOHN WRIGHT, PATROLMAN, COMMUNITY SERVICE DIVISION, AND RONALD KELLY, SERGEANT, YOUTH DIVISION, POLICE DEPARTMENT, CHICAGO, ILL.

Mr. Phillips. One of the things that has occurred to me as I talked to some of the witnesses here is there is an effort by police departments—I assume it is nationwide—to expand their basic service of not just arresting people, but also performing some of the more positive aspects of our civic life.

Director Gottreich, you are a police officer, I take it, but essentially, you are a different kind of police officer. Tell us what you do and your objective?

Mr. Gottreich. Yes. I think what Sheriff Elrod did when he first assumed office a little over 2 years ago in setting up this operation, it is unique in the United States, as far as we are aware. We are law enforcement or peace officers, as you will. We are deputized, yet we fulfill no enforcement function at all. Our purpose is to intervene between the police and criminal justice system, so as to divert youth from the criminal justice system wherever it is possible.

I maintain a staff of 25 people with a hot line. We receive calls on the hot line from basically three different types of input. One is from youth themselves, so that it still could be called a hot line, that have problems of varying nature and we would either handle those within my own unit with the Big Brother or Surrogate Parent Counseling of one type or another depending on the seriousness of the case, or refer it to a social worker, M.S.W., I have on my staff, or refer it to one of the community agencies we maintain contact with throughout the county.

That speaks, I think, for itself. There are a great number of hot lines throughout the country and, as you probably are aware in the metropolitan areas, hot lines as such that serve youth directly are pretty well dying out. The kids just don't like to use them any more; they don't use them. The people we hear from, Lafayette indicated their hot line is increasing. This, I think, is due there to being in more of a rural setting as opposed to the urban setting.

The second major area we receive calls from is police departments. Not only the Cook County Sheriff's Police Department, but the 123 suburban police departments in Cook County. We have one of the highest congested municipal conglomerates in the United States, as far as county government is concerned.

The policemen refer youths to us when they are undecided as to whether they should or should not enter the youth into the criminal justice system.

Chairman **Pepper**. Just for my information, how many municipalities do you have in Cook County?

Mr. **Gottreich**. Including the city of Chicago, there are 127 municipal corporations, villages, towns, cities.

Chairman **Pepper**. Each one has its own police department, court system, and the like?

Mr. **Gottreich**. Including again the city of Chicago, 124 police departments. There are three suburban municipalities that have no police departments. One is policed by the sheriff and the other two policed by neighbors on a modified type of contract. There is one court system for the entire County of Cook.

Mr. **Phillips**. One of the other aspects of your life is that you are also a member of the board of education; is that correct?

Mr. **Gottreich**. Yes; the Board of Education, Niles Township High School, District 219, Suburban.

Mr. **Phillips**. How did you get to be on the board of education; elected, I take it?

Mr. **Gottreich**. Elected, yes.

Chairman **Pepper**. Excuse me. Is that the one that is in Chicago?

Mr. **Gottreich**. No; it is not Chicago. It is one of the suburban township high school districts.

Mr. **Phillips**. How many children do you have in your high schools?

Mr. **Gottreich**. There are three high schools with a student population of 8,000 students and approximately 450 teachers.

Mr. **Phillips**. And you have dealt in your capacity as director of the youth division with principals and other administrators in the school systems in the suburbs of Chicago?

Mr. **Gottreich**. Yes.

Mr. **Phillips**. What, generally, is their attitude to the drug problem?

Mr. **Gottreich**. Well, just to summarize it very briefly, they would rather no one talked about it. They would rather not admit they have a problem. I think that the people who were here yesterday are not typical of what you find in Cook County. They are rather atypical. Generally, you will find school districts refuse to admit they have a drug problem until someone does OD, or there is a problem of theft, or a large cache of drugs is discovered. Then there is a crash coverup that comes after that, and perhaps even a program might be instituted, but, as soon as the heat dies, the program dies and the interest in doing anything further dies.

I know many school districts where drugs surveys have been attempted to determine the level of drug usage in the schools and the administration of those high school districts have refused to have drug surveys administered in the schools. They use, what I would call a very lame excuse, that their rationale is if they open the school to a drug survey, they have to open it to a watch survey, and athletic survey and a survey of this, that, and the other thing, and they would be then overburdened with surveys.

I think, obviously, and I can tell from your reaction, that is a pretty lame excuse. They would rather bury their head and not admit it.

One of the basic ethics in high schools is, "Don't make waves," and if you admit you have a drug problem, then you obviously have made a wave.

Mr. **Phillips.** How extensive is drug abuse by teenagers in the suburban communities, in your opinion?

Mr. **Gottreich.** I come to the realization of how heavy the usage is from a number of different avenues: One is as director of the youth department, the other is by being a member of the high school board and visiting in the schools quite extensively, as well as being a member of the Village Youth Commission, as well as having previously taught and been around and done street work.

So what I say, I don't think should be taken too lightly when I say that, first, the evident thing is the drug usage varies from area to area. I think you have seen enough of that in the Latin community; Lafayette, Ind., and Chicago, as a whole. In suburban Cook County, I would say without any exaggeration that 65 to 75 percent of all of the students throughout Cook County have experimented at least once with some form of drug. Whether it be marihuana, or chipping at heroin, or whatever, that they have been into drugs at least once.

I think that is quite a large proportion, and I think, quite frankly, this is why the establishment, if you will, is now becoming very concerned with the problem. It is no longer locked up in the ghettos of the city; it has expanded quite a bit in the suburban areas. As you well know, Cook County, particularly on the north end, has some of the wealthiest suburbs in the United States. It exists there. And, as I said, quite a large percentage of these students have experimented at one time or another.

I think those that continue, it is difficult to tell because, then, they continue drug usage in different forms. It might be either marihuana, or pills, or whatever, and they may mix them; they may use one or another, what have you. But I would assume that 30 to 40 percent are continuing in one form or another, whether it be once a month, twice a month, four times a month, on weekends at parties, which is a very fashionable thing.

I think, further, just to summarize the depth of the problem, as you are all aware, 5 years or so ago drugs were a faddish-type thing. A lot of young people were into drugs because it was "the thing to do" and it was the fad of the time. A lot of those experimenters and those users from 5 years ago have dropped drugs because it was to them a fad.

I think the problem is much more serious today because it isn't a matter of being a fad. The young people that are using drugs today accept it, not so much as a problem—and I am speaking now primarily in the suburbs which contradict, in part, what was said of the inner sections of Chicago—and they accept it as something that can be done, where they can avoid physical problems, where they are going to avoid problems with the law. They take it as a normal way of life as you would take a martini at night, perhaps, and they think that, in this way, they are going to avoid problems.

The problem there is that it is going to continue with them throughout their whole life. They are not going to drop it as a fad. It is going to remain with them.

Mr. PHILLIPS. What are the schools doing about the problem in the suburbs?

Mr. GOTTREICH. Well, based on what I said about the attitude of the administration, in many of the schools the answer to that should be obvious. They are doing as little or as close to nothing as they possibly can. When they do do something, the bulk of them like to fall back on these prepackaged drug kits that are being sold. I had, let's say, the misfortune to have reviewed several of these drug programs in a previous position that I had. They are generalized. They are mass produced and sold to the Nation as a whole. I think one thing that has come through clear in these hearings is that drug usage, drug abuse, is different and varies from community to community and within communities; we find in Mexican, as opposed to Puerto Rican, as opposed to Cuban.

So you can't have one prepackaged deal that you sell to the entire United States. I think the dollar is chasing the drug trade through these prepackaged drug education courses, and I would say, generically, that none of them is any good. There are good parts of some, but I would say, generically, I would be very much opposed to a prepackaged program.

I think rather that in getting into education what should be done is the approach should be developed on a local area to suit what the local area needs. I think that is very consistent with what the Father said just a short time ago. You have to tailor the needs of the rehabilitation treatment clinic as opposed to a Gateway approach to the Puerto Rican or Mexican approach. The same thing has to be done, I think, with educational materials.

But in a round-about-way, you are finally chasing the tail. Very little is being done in the way of education. Coupled with that, you have teachers who, I think, are misinformed themselves, or have been misinformed by these prepackaged programs, so that they are not actually aware of what they should say or do in a classroom.

Mr. PHILLIPS. What do you recommend should be done about the drug problem?

Mr. GOTTREICH. Well, there are a number of things. I think that one thing that should be done, over which you have no control and it is the old story of legislating morality, is if parents were closer to their children, paid more attention to them, not coddle them but related to them as human beings, treated them as worthwhile people, didn't abandon them constantly. I see this in my office continually. Of all of the cases we develop, the vast majority of them come from youths who have parents that have abandoned them in one way or another, either through divorce or through not paying attention to them, from being out of the house constantly and never being with their children.

I think that is paramount. If parents can be made to realize that having a child isn't like letting weeds grow in the garden. When you have a child, you have to nurture that child, you have to provide something to the child so he can grow into something more than just a weed. I think that is paramount.

Second, as far as Congress is concerned, and money, Congress being the great fountain of all money, what Congress can do, there are several programs. One, I think, which is a very good one, obviously, is the one I am directing at this point, which is a blend of police and nonpolice methods. There have been other programs similar to this, where police departments, for example, in Niles, Ill., Wheaton, Ill., have brought social workers into the police department. They accompany the police and they handle police referrals directly. It has worked well in both of these areas.

Mr. PHILLIPS. Mr. Gottreich, it occurs to me, as you are testifying, that the police and the State attorney's office here in Cook County, and various probation departments, boards, and the courts themselves, have all gotten involved in this project of counseling the kids who have drug problems, but the schools haven't.

Mr. GOTTREICH. Right.

Mr. PHILLIPS. You have got him after he is arrested and after he is in trouble. Then you start the program. Maybe we should be doing it the other way around.

Mr. GOTTREICH. That was the third point I was going to mention. For example, speaking of the high school district with which I am most intimately familiar with, Niles Township, we have one of the high schools, all of these schools, really, but one in particular, that is called the "Off-the-Campus Learning Center," where potential school dropouts or eminent dropouts can be taken out of a regular school setting for two, three, four classes, and then go back into the school setting for the remainder of their schoolday. In this Off-the-Campus Center, they receive special kinds of education.

So what the schools have recognized, as they have recognized this problem, they have recognized the problem by having types of special education classes. If they can recognize drug use and abuse as a special problem as well, and have perhaps an off-campus center but connected with the school in the way this Off-the-Campus Learning Center is, so that in the center there would be materials, there would be someone who they could go and rap with, using the jargon of the day, someone who could be there and identify with them in lieu of their parents who are generally abandoning them. This is basically what they want.

The use of drugs, as I think you adequately pointed out, you are not going to stop the influx of drugs and narcotics to the United States. They are going to be here. We have to work with the human material so they won't want to use the drugs that are available and one way is certainly by relating to them as human beings, by having someone there they can talk to.

We talked in previous interview of the Michigan program, of the policeman in the school. Not the traditional policeman with the uniform and gun, but a young fellow who identifies with youth, who has an office in the school, talks with them, they can come to him with problems, he goes to their football games, outings, whatever activities they have, and becomes perhaps not a friend to them, but at least a confidante, someone they can talk to. A surrogate parrot, if you will. A Big Brother that they can relate to.

I think this is basically what again, specifically, in the suburban areas kids are looking for. Someone they can relate to. Their parents, I think, generally, have abandoned them. I think that is the shame that we face today and that is why drugs are becoming so intrenched, as well as all of the problems ancillary to drugs.

Chairman PEPPER. Mr. Gottreich, by the way, what do you call that program where you give them some classes away from the regular school curriculum?

Mr. GOTTREICH. It is called an "Off-the-Campus Learning Center."

Chairman PEPPER. Isn't it obvious to you that within the school system, as I said it doesn't have to be in the same building, but aren't the schools that handle these hundreds of thousands of students all over the country better qualified to develop these programs where you do show concern? They are dealing with young people all of the time and they are not just running an institution where a young man or woman sits there and you run through a formula, or geometrical equation, or something with them. They are teaching them about life and about the country and about our history, and in the higher grades, ethical considerations, et cetera.

Look at the magnitude of the problem to set up enough institutions unrelated to the school system, to deal adequately with the number of people that are involved. Do you agree, then, that the school system can play a very large part in prevention and in appropriate treatment and rehabilitation programs of students?

Mr. GOTTREICH. Absolutely. There is no question in my mind. The young people spend a third of their day in and around schools, and another third of their time with their parents, and a third with their peer group. We talk quite a bit about peer group but that is one-third of their time. The other two-thirds seems to be ignored. Parents, again to beat a dead horse one more time, don't have time for their kids any more and the kids need someone that will make time for them.

Chairman PEPPER. When they get home in the evening, they are going to be looking at the TV, probably, or doing something else.

Mr. GOTTREICH. Right.

Mr. PHILLIPS. Sergeant Kelly, you have extensive experience both in narcotics and the youth division. I want to thank you especially for coming.

Mr. KELLY. Thank you.

Chairman PEPPER. What is your view of the extent of drug abuse among the teenagers in the city of Chicago?

Mr. KELLY. I think the Chicago Police Department has recognized the fact the young people are using narcotics, and we are making many arrests, but we are an arresting agency. We are looked at by the youth, especially in the schools, who view us as thoroughly deadbeat. You can build up a great rapport with the kids and all of a sudden maybe some policeman who sees them going through a red light will give him a ticket and every policeman he sees for awhile is a bad guy, because he got a ticket, and maybe mom and dad won't give him the car the next time.

So, we are basically clearly the bad guy of the whole spectrum of narcotics.

Chairman **Pepper**. Pardon me for interrupting. Do you have any undercover agents in the school dealing with the drug problems; as we found true in New York?

Mr. **Kelly**. We have nobody, to my knowledge, presently in the school working undercover from the youth division. Whether the Vice Control Division of the Chicago Police Department, which is a separate department, may have, I am not aware.

Mr. **Phillips**. We have been advised they do not.

Mr. **Kelly**. I have no idea. It is completely separate, our basic unit. We primarily handle all of the juveniles in the city of Chicago involved in any type of activity that is brought to the attention of the police department.

Mr. **Phillips**. What type of drugs do you find them using?

Mr. **Kelly**. I think they are using everything, stimulants, barbiturates, amphetamines, hallucinogenic drugs, cocaine, heroin. I think whatever is available.

Mr. **Phillips**. Has the problem gotten any worse of late?

Mr. **Kelly**. I would say the problem is going up. There is a rise in the number of arrests, so there has to be a rise in the number of people using it.

Mr. **Murphy**. May I interrupt at this point?

Sergeant, I have been reading, in the local Chicago papers, of a series of murders that have taken place. I don't know actually where the murders have taken place but the bodies have been found in the Calumet River. There has been some speculation on the part of the press that this has to do with the narcotics war among gangs in Chicago for control of the narcotic traffic. I know that in our sister city to the southeast of us, Gary, 21 people in the last 3 or 4 months have been killed. In fact, the mayor of that city has called for Federal help. It is beyond his control.

Do you see anything to these murders?

Mr. **Kelly**. I haven't heard anybody say definitely that these people were in the narcotics traffic. I haven't heard anybody say that they definitely know they were men who were dealing prior to their murders, or demise shall we say, so it would be really difficult for anybody to say. It is a nice assumption to say there is a big narcotic war going on in Chicago, but I think it is very difficult unless you could actually say that these men are and were dealing in narcotics at the present time.

Mr. **Murphy**. Where does the press come up with this speculation? Just fantasy on their part?

Mr. **Kelly**. I would say, it seems newspapers are in the business of selling newspapers. I think that this is one of the reasons that it is speculative as yet. I think if you look at it, it is speculation on their part.

Mr. **Murphy**. Do you have any dealings with these gangs we read about?

Mr. **Kelly**. Well, we have some of the gangs in area 6, where I am assigned, and we have had shootings of gang members and they are not narcotic related. I can't name one shooting in the last 3 years that I have been in area 6 that is narcotic related or had anything to do with narcotics and the black gangs in the Cabrina Green Area or anything else. Even the shootings of two policemen several years ago; several we solved were killed in the Cabrina Green Area. We worked on this case. Some of the officers from our own unit testified in this case.

Mr. Murphy. Sergeant, do you know of any evidence concerning the Cabrina Green project, wherein there might be a protection racket operating as to the flow of narcotics?

Mr. Kelly. I can honestly say I don't believe there is a protection racket going on in Cabrina Green in the flow of narcotics. There are so many people out there dealing, that I don't think that there could be. There are just too many of them.

Mr. Phillips. I have been advised that there were 35,000 people arrested for various violations of the narcotics law here in Illinois and I guess most of those would be for selling; 30,000 people out there selling narcotics; is that a fair estimate?

Mr. Kelly. I don't know how many were arrested in the State of Illinois. You would need that statistic and who was arrested for sale and who was arrested for possession. But I would say there are a lot of people out there dealing. I think we are all aware of the fact a dealer will buy a $25 bag, break it down and get three bags, use one himself, and sell two. That really is a dealer, yet he may be picked up for a sale.

We had a strange incident in one of the schools not too long ago: last spring. We had a couple of young men arrested for possession of hypos. When it got down to the degree, no one could find any marks on them. They were using the hypo needle to inject gin and vodka in the oranges, so they could walk around the schools sucking on the orange halves, after they cut it up to get the alcohol. But they were arrested for a narcotic violation, which is possession of a hypodermic needle.

Mr. Murphy. Your primary concern is not narcotics; narcotics is sometimes just a byproduct of your involvement with the youth division?

Mr. Kelly. Right. Our youth division is involved with every youth that commits any type of crime, or is brought to the attention of the police department.

Mr. Murphy. So you are not specifically looking for drugs?

Mr. Kelly. No. We are not specifically looking for drugs. We handle every spectrum of the crime element a juvenile would commit. We in the police department, with the cooperation of the board of education, I think in the 1971–72 school year, affected 184 arrests for narcotics in and around the schools.

Chairman Pepper. I was going to ask you, if my colleague will yield, what percentage of the arrests that you make of youth are drug related?

Mr. Kelly. Well, I really could not tell you that figure offhand. I would say it is less than 10 percent.

Mr. Phillips. Is it fair to say you don't make a special effort; there is a narcotic section of your particular operation?

Mr. Kelly. We do not have a narcotic unit within the juvenile division.

Mr. Phillips. The narcotic unit in the police department really has the assignment of going after adults and heavy traffickers. There really isn't anyone specifically investigating youth sales in the police department?

Mr. Kelly. Not to my knowledge. We are responsible for youth activity, but we are also responsible for all types of activity and we have 218 men in the youth division. They accounted for handling 60,000 juveniles in the year 1971.

Chairman PEPPER. Excuse me. I meant to include, when I asked the question about how many of those arrests are drug related, arrests that would be made of a young person who was stealing, burglarizing, robbing, or assaulting somebody to get the money to buy the drugs. To include that would you still say 10 percent?

Mr. KELLY. I wouldn't have those figures.

Chairman PEPPER. All right.

Mr. PHILLIPS. Have the arrests gone up?

Mr. KELLY. Yes, the arrests have gone up in the last year.

Mr. PHILLIPS. How much have they gone up in the last couple of years?

Mr. KELLY. I think they have gone up somewhere around 33 percent on juvenile arrests on narcotics.

Mr. PHILLIPS. Officer Wright, you are in a special program where, again, the police department is educating children in drug abuse; where, apparently, the schools are not. Could you tell us a little about the program you are engaged in?

Mr. WRIGHT. For the past 5 years I have worked in the bureau of community services in the police department and within this bureau we have 40 officers and four policewomen that work in the city's public, Catholic, private, Greek Orthodox, Jewish day schools, and we cover all the grades, kindergarten through high school. We have a program where now there are about six officers at work with the high school students. We devote 5 days to our presentation. One of the days is on drugs. We show a movie, we have a narcotic display kit we use, and we answer questions with regard to drugs.

Mr. PHILLIPS. What is the reaction of the kids to the program?

Mr. WRIGHT. They seem very knowledgeable. Several of them know as much about drugs as I do, from the street level, and they come up with some interesting things that I never have been familiar with. Some of the drugs they are using now, somebody told me the other day, they inject peanut butter and mayonnaise with hypodermic needles into their arms. This is something I never even heard of. Peanut butter and jelly sandwiches.

Mr. PHILLIPS. They are called "needle freaks."

Chairman PEPPER. That kind of thing seems to be analogous to the case our investigators discovered, where there were some deaths of young people who were shooting methadone that was mixed with orange juice and the little fibers were in the orange juice and the fibers got into the bloodstream and finally got into the lungs and they suffocated because the lungs had been covered by these little fibers.

I doubt very seriously if all of the elements in the peanut butter would be totally dissolved. It looks to me like it would get in the blood stream and might well affect the valves of the heart or possibly the lungs. I don't know. Have you heard?

Mr. WRIGHT. Youngsters don't know either, Congressman, but they are almost willing to try anything. People come up, their peer members, and they suggest that they try this or that to get with the "in" crowd or whatever. Especially freshmen, when they get in high school they are in a whole new environment They want to belong to a group; consequently, they are fair game for these narcotic pushers.

Mr. PHILLIPS. Thank you very much, Officer.

I have no other questions.

Chairman **Pepper**. Mr. Murphy?

Mr. **Murphy**. Thank you, Mr. Chairman.

Mr. Gottreich, you work for Sheriff Elrod; is that correct?

Mr. **Gottreich**. Yes, sir.

Mr. **Murphy**. Is this a program he has instituted?

Mr. **Gottreich**. Yes. He started it. One of the things he was stressing in his campaign when he ran for sheriff, something he is very much interested in, and that is the welfare of youth. I think what has been created, has been in existence only a little over a year now, is something I said is unique and shows quite a bit of foresight on his part.

Mr. **Murphy**. Give us a typical example of where a young adult gets involved with the law and where a regular policeman, such as the sergeant over here, whose business is to arrest offenders, and where you come into it. Give us a typical example of that?

Mr. **Gottreich**. You are familiar with the term "station adjustment"?

Mr. **Murphy**. Right.

Mr. **Gottreich**. We had one about 2 or 3 weeks ago that comes readily to mind because it sounds almost like a typical case study, textbook study type of a youth, who had had one station adjustment for throwing a firecracker in a mailbox. He was back about 4 weeks later and was station adjusted a second time for breaking windows and petty vandalism.

Mr. **Murphy**. Who is involved in the station adjustment?

Mr. **Gottreich**. In this case, it was the Cook County Sheriff's Police.

Mr. **Murphy**. Was the State's attorney involved in that, too?

Mr. **Gottreich**. No.

Mr. **Murphy**. How about the corporation counsel for the particular municipality?

Mr. **Gottreich**. No. The station adjustment is an act of discretion that police officers in every jurisdiction use to adjust the youth back to his environment, rather than entering him into the criminal justice system. You will find in Cook County that the suburbs engage in a tremendously high number of station adjustments. For a variety of reasons, which go beyond what we are really speaking of here.

Mr. **Phillips**. I think it is important for you to bring it out. Elaborate on the stationhouse adjustments, because I think it does lead to the problem of further drug abuse and to intervention to give some of these youngsters an opportunity of rehabilitation or treatment at that stage.

Mr. **Gottreich**. You have to remember, first, that Cook County has a unified court system with six municipal districts, the first being in Chicago, and the other five through the suburbs. The criminal court is primarily in the city of Chicago. They have calls in the suburbs, but the court itself is held in Chicago at 26th and California.

Cook County is some 200-plus miles from one end to the other. It is a huge county as far as geography is concerned. It is 900-plus square miles in total. As I indicated, there are 126 suburban municipalities outside of Chicago.

Each of these municipalities is structured differently, obviously. Some police departments in the suburbs have one full-time policeman and that is it; others have—the largest being Evanston with 120 policemen, something to that effect. And it has everything in between.

In many of the smaller ones, that come from the less affluent areas, the policemen are paid $2 an hour; the one I am thinking of in particular $2 an hour, and the chief of police was getting $450 a month. They are obviously overworked, underpaid, and they are not interested, even as policemen, in going much beyond what they are being paid to do.

When they get a youth in the station who has committed some infraction they make a determination that it isn't really serious enough to bring to the juvenile court, which is in the center of Chicago, and may be 30, 25, 20 miles away from where they are at. It requires transportation back and forth, the chief may not want to release them because there aren't men to take that man's place while he is gone. If it does result in a case, the officer has to come back to the court to testify, which takes him out of the community again, and if they have a five-man police force, they can't spare that one man.

Mr. Phillips. In addition, isn't that the usual problem of the affluent community with their own police force, and you don't arrest a doctor's son, and you don't arrest the lawyer's son, you kind of settle it there and hope the family will take care of the problem?

Mr. Gottreich. Right. That is obviously part of it, too. I was trying to paint the broader picture and then be as kind as possible. Right. That takes place.

Mr. Phillips. What I am worried about is maybe the kindness of adjusting those cases without followup, without guidance to those kids that get taken into custody, or found with drugs, or stoned, or something like that, their families come down and take them home from the stationhouse; the incident is forgotten by the kid; he thinks he has gotten off. And if nothing is done about intervening in that boy's or girl's life, the next time it may be an overdose.

I don't know whether we are doing service to those kids or not when we get involved in those situations.

Mr. Gottreich. We are not, and State's Attorney Hanrahan has spoken out vehemently about this practice in the past. I have heard him many times.

Mr. Murphy. He has a program where he follows it up. We had one of his people in here yesterday, a Mr. Sullivan, describing the first-offender program, which I think is very effective and, in fact, I think it is one of the finest programs I have observed around the country. I think the counsel will agree with me that here is an attempt to rehabilitate the youngster and get him professional help.

I don't think I find that much salt in the adjustment; it is just the fact that, unfortunately, you can't hold the arrest over the individual's head like Mr. Hanrahan's State office can.

I think maybe that it would be a little tougher in the sheriff's position, but maybe they ought to develop some program where the quid pro quo for the adjustment would be his voluntarily joining the program.

Mr. Gottreich. I didn't finish drawing out the program I do operate. We got side-tracked into station adjustments, as a generic thing.

The example that I was citing to you, the third time this youth came back to the attention of the police was for purse snatching. Now, at this point that was of a serious enough nature so he should have been entered in the justice system somehow. On the other hand, in many of the suburbs they would have even ignored that and adjusted the youth back to his family.

In this case, because I concur in Sheriff Elrod's efforts and some PR, we have been able to pass in the last few months, rather than merely station adjust him back to his parents, rather than bring him to the Audy Home Juvenile Detention Facility, what we did was station adjust the youth to us. He then comes to our attention and he is now being handled by a social worker on my staff. He has been out of trouble since, I think it was the end of June, beginning of July, whereas prior to that, he had had this progression of incidents which seemed to be leading him into something else.

Chairman Pepper. Is he staying at home?

Mr. Gottreich. Yes. He is with his parents, and part of the counseling we do involves the family. Now, if we can't handle it ourselves, as I indicated before, we have a full range of agencies we can refer out to.

Chairman Pepper. Was this a school student?

Mr. Gottreich. Yes, it was. That is the third area to go back to what I was saying originally, where we receive referrals from the school itself, from the counselors, and I spend some time talking to school counselors in the suburbs, indicating how we can use our service when they have a youth with a problem. If they don't know really what to do, don't have a local resource, they call us and we will handle it ourselves through counseling in my office or referral to an agency they may not be familiar with.

I think this is one of the ways we were talking about, where money can be spent to bolster programs like this.

Mr. Murphy. This program is funded out of the sheriff's own budget?

Mr. Gottreich. Yes. We submitted a grant application to the Illinois Law Enforcement Commission quite some time ago to expand this, and as you are obviously aware, the county board, when it was first set up, had to go first to the committee on health to fix the number of employees and they were a little leery of a new program as they, I think, should properly be. It started with only 12 people, which aren't really enough to cover the county. This grant was developed and sent to the Illinois Law Enforcement Commission and was drastically pared down. We were instructed in the grant that was finally awarded—I do have a small grant within the office—that it is not to cover any treatment; what it is supposed to do is only coordinate and establish cooperation between existing treatment facilities.

What they failed to do is recognize the unique position we are in as members of the sheriff's office, in being able to establish the contact with the police departments to intervene, to keep kids out of the criminal justice system, to do something other than just lock them up or let them go. We can provide this third alternative.

Mr. Murphy. What was the theory behind that? Obviously, if you intervene and adjust the situation with the youngster involved, this youngster is going to have some faith in you as an individual.

Mr. GOTTREICH. Right.

Mr. MURPHY. And then, according to the grant, you are to give that youngster up to some other rehab program?

Mr. GOTTREICH. Right.

Mr. MURPHY. Who makes those judgments?

Mr. GOTTREICH. The Illinois Law Enforcement Commission sets its policy and own criteria. The staff of the commission does the leg work, builds the package, the full commission, itself, passes it on. They submit the plan to LEAA—Law Enforcement Assistance Administration—who approves it and gives the money to the State of Illinois.

Mr. MURPHY. We have had a lot of experience with LEAA in Washington, where we appropriated a lot of funds that never reached their destination.

Mr. GOTTREICH. I could go into that. That is another 3-hour discussion. I previously was director of the Cook County Committee on Criminal Justice, which was the local planning and funding agency for the Omnibus Crime Control Act. We had numerous problems with programs. One that I can't help think about: In talking about removing people from a high impact area and getting them straightened out in another environment, was a half-way house which was definitely needed. It was a unique idea. It comes under all of the criteria the Safe Streets Act outlined, innovative, feed money, get it started, model, let's say, type of program. They needed $300,000 to establish this, to set it up. They got $95,000.

Obviously, not enough to do it. This is just one example.

I would add one caution, just from my previous experience, that any moneys you do direct, whether it be into school systems or wherever, please don't direct that first to a Federal agency, which gives it to the State agency, which gives it to a county agency, which gives it to a school district.

Mr. MURPHY. It is eaten up in administrative costs, as it works its way down.

Mr. GOTTREICH. Not only administrative costs but philosophical costs. There are some people that feel—you talked with Dr. Senay yesterday—rehabilitation is the only way to go. And if they have their way, you will have no education program.

Mr. MURPHY. In other words, you have to adopt his thinking or you are just not going to get the money?

Mr. GOTTREICH. Or you don't get the money. This is evident. You heard this, I am sure, from other people. Many of these programs are good programs. It depends on who you have either administering the money or the program. You can have the best program in the world, but if you have a dud administering the program, it will fall apart.

Chairman PEPPER. Excuse me just a minute. We had an experience in Philadelphia where they had been having gang warfare between the youngsters. I believe 31 were killed the year before we were there. And we had the present mayor, who was then the police commissioner of Philadelphia, as a witness and a number of other witnesses who told about that tragic situation. And just as you were saying you were not able to get money in Chicago, they were complaining they were not able to get enough money for that kind of a program there.

We had requested one of the top men in the distribution of Federal money from Washington to be there to hear the testimony. We had him on the stand. We had him hear what the local people said about not being able to get any money, enough money to do the job that they needed to do there. They couldn't get it through the State.

We asked the Federal man why is it that more money is not available. Within 2 weeks after we were there, they got $250,000. They never would have gotten the money if not for those circumstances.

Mr. **Gottreich**. That is not unusual here at all. And, again, this is a completely different topic.

Mr. **Murphy**. Maybe this is our fault, Congress' fault. After we go around and investigate a problem and then formulate a solution to it and have funds for that solution, we automatically think that the money has gone directly to eradicate the problem we investigated.

Maybe we can correct something, too. We ought to follow through on this because, obviously, some of the things we are correcting, and spending money to correct, are just not reaching the source.

Mr. **Gottreich**. That is true.

Chairman **Pepper**. I know the police officers and the law enforcement officers in Miami make the same complaint you make. They hardly get any real money out of the LEAA program.

Mr. **Murphy**. I don't have any more questions, Mr. Chairman. I just think I am very proud of being a Representative from the city of Chicago and the State of Illinois. We do have officials such as Sheriff Elrod, and Mr. Hanrahan, former State's attorney, whose programs aren't the complete panacea for this thing, but at least they have moved the police and have done something. I think this is what we haven't seen around the rest of the country.

Chairman **Pepper**. Mr. Mann?

Mr. **Mann**. I am interested in the extent of school referrals to your division. Is it widely known, or fully accepted, or adequately used?

Mr. **Gottreich**. The PR has just recently begun and to show you how anxious the school counselors themselves are, I was at one high school about 10:30 or 11 in the morning, told them who I was, talked to the counseling staff, social worker, psychologist they had on their staff—an affluent suburban high school—at 11 o'clock. I got back to my office at 1 o'clock and there was already a call to our hot line from that counseling staff, in the matter of an hour.

They are anxious. I think they need something. And without dragging this on too long, the thing I think they are looking for is the same thing that the young people are looking for: To realize that there is someone that cares about what they are doing. I really dislike slamming administrations because in a sense I am an administrator and perhaps I need as much criticism as anyone else. If you don't support the people who work for you and if you don't support your children with all of the things I have indicated before, you are going to lose them and that is what we are seeing.

Mr. **Mann**. What happens when you get a referral that is apparently a subterfuge to refer to your noncriminal action, something that really should go further?

Mr. **Gottreich**. That is a very ticklish subject. We are peace officers; we are sworn. We do have discretionary powers just as any peace officer has. There is a concept of the greater good being served where peace officers do have the option of overlooking this to serve that greater good.

Generally, we are not going to come into contact with a kilo of heroin, or 25 pounds of marihuana, or something of that sort. If they have it, they are not going to show us. What we will see is just minor types of infractions and, in that case, we tell them and advise them of what the problem is, advise them the situation they can be in; but we try and maintain a counseling relationship. We are not enforcement officers. We do not perform enforcement functions, and if we did, and if we even attempted to, then we might as well close up shop and start something else.

Mr. MANN. We have heard so much in other places across the country, for that matter, about something the chairman referred to, and that is the assaults that go on to support a habit. I realize this is not a school problem. I have heard no statistics and I am not so much interested in that as I am in your reaction to whether or not that is a major cause of property and assault violation.

Mr. GOTTREICH. I don't know if it is a major cause of assaults and violations of that sort, but I know that it happens. When you said that, it keyed in my mind the case we had just a couple of days ago of a young person who was demanding $100 a day from his parents, and if they wouldn't given him the $100 every day he would break up the house, throw furniture out of the window, slash the sofa and just tear the house apart.

The police came into it in this municipality because neighbors called about furniture coming out of the windows at all hours of the day and night. The parents refused to do anything. They didn't want their child in trouble. We had become involved in it now through the neighbors that called us. It is a very ticklish situation. We can't do anything with him unless they allow us in, obviously. As long as this young person isn't committing any crimes outside of his home and no one is pressing charges against him, he can't be found with narcotics on him. Obviously, that is why he needs $100 a day.

I think we will be able to get into this home. We have preliminary contact, we are going to be in the home. I think this is a valuable service we can perform.

Mr. MANN. Sergeant Kelly, generally speaking, in your enforcement area do you find more of the young offenders whose problem can be attributed to alcohol or other drugs?

Mr. KELLY. I would say alcohol and drugs are almost at an even par in their usage. Possibly alcohol is even the larger because it is cheaper, it is a little cheaper to buy a quart of beer than a couple of pills. A quart of beer is a half a dollar, a drug is $3 or $4 depending on what it is.

I think when you get in the narcotic field, I don't know about the assaults being attributed highly to narcotic addicts, but certainly thefts from your stores and your bicycle thefts and such, which are a great problem here in the city of Chicago, it is a great problem in Cook County, it is a mounting problem, and I think this is highly attributable to persons using drugs and who want excess money and get their money by theft of bikes, theft of merchandise from stores.

There is a man in Old Towne who put in a $500 monitoring system in his store, electronic system, where there is a door, there is a double door, and all of the goods have electronic tags on them. If a tag is not taken off at the counter and somebody tries to steal it, he is caught between these two doors, locked in there, and the police are called in and people arrested.

I think in talking to him last month, he was telling me that he figures he has saved $800 worth of merchandise in the first month he had this electronic system in his store. This is just one store and all he sells is relatively pants and mod clothing.

So it definitely is a problem and I would say if you went to why, these people, they are users of narcotics, a great portion of them. They are committing a great deal of thefts and working in narcotics prior to being in the youth division. You talk to youngsters and ask where do you get your money? "I go to Marshall Field's and steal $50 a day. I go to Carson's, go out to the suburbs."

I don't think anybody can really envision the amount of money that is stolen by narcotic addicts on a daily basis.

Mr. MURPHY. About $22 billion a year you are talking about; $50,000 an addict.

Mr. KELLY. I would say maybe even in excess of that. These people will steal anything. They will steal records, they will steal cigarettes, they will steal whisky. Anything imaginable.

The new game is bikes, because they are used and the bike fad is on in the United States today. I don't know how many bikes we have had stolen in our area, which is a fairly affluent area, on the East End Lake Shore Drive, but it is just unbelievable.

Chairman PEPPER. Just on the point you gentlemen are making right now. Take the young man you spoke about Mr. Gottreich. As you said, he had to have $100 a day to sustain his heroin addiction, in all probability. Now, if he doesn't force or blackmail his family into giving him $100 a day and he is not wealthy in his own right, he hasn't access to money otherwise, he is bound to go out and commit crimes in order to get the money.

So any heroin user who becomes a firm addict, who is not rich, is a menace to society. He is going to commit crime and sooner or later he may kill someone if they resist. He is fanatical. He is urged by terrible withdrawal pains that he has got to satisfy. So it leads me to wonder if we shouldn't ask the States to adopt legislation making heroin addiction, definitely proven—he would have a right to a trial—the basis of that person being involuntarily incarcerated and put in an appropriate place for treatment of his addiction. Because if you don't do it, that man is going to rob and burglarize and assault and steal the property that will make it possible for him to get the drug.

Isn't that logically true?

Mr. GOTTREICH. I wouldn't personally want to support forceable incarceration for someone addicted to something. I would rather see the encouragement of entering treatment rehabilitation centers or some other method.

Chairman PEPPER. You mean after he is arrested?

Mr. GOTTREICH. Well, right.

Chairman PEPPER. A lot of times they don't get arrested. We have had men before us as witnesses, young people who had been addicts, who told about scores of robberies that they were able to commit before they were ever arrested. One young man testified that he robbed 400 times before he was finally arrested. So you don't get all of them, you know.

I know there might be a difference of opinion about it, and I think it is highly desirable. But to use the arrest system of where a young man, for example, who is arrested for commiting a crime to get money to sustain a heroin habit, then you have got him, then you can pull him—that is a form of force, you have him in custody. And you can condition the prosecution for the main offense upon whether or not he does it voluntarily.

We are just starting a program like that in Miami now. You probably have one like that here similar to one of the programs we heard about.

Mr. **Gottreich**. I agree with what you are saying now, but not the way it was phrased first.

Chairman **Pepper**. I see. You see what I am talking about. In the District of Columbia, Dr. DuPont, who is head of the Narcotics Treatment Administration, estimates that in the District of Columbia each heroin addict gets unlawful possession of about $50,000 worth of property a year. We have only got, out of about an estimated 18,000 or 20,000 heroin addicts in the District of Columbia, about 4,500, I believe it is, in a methadone treatment program.

Now, all of those others are out there robbing and stealing. My wife and I had our car broken into in broad daylight, right in front of the apartment house in which we live. Never found a trace of anything thereafter. There are those wolves around the community all of the time. And to talk about the cost, we are not doing a lot of things because they cost so much money. The people are involuntarily being made to pay by what these people often taken from them.

One other thing I would like to mention. A lot of these young people are arrested for a serious crime, or repetition of serious crime. Do you have enough treatment and rehabilitation centers here in Chicago, for example, for the treatment of those who are found to be seriously involved with drug abuse?

Mr. **Gottreich**. No.

Mr. **Kelly**. I would say, no; in no way.

Chairman **Pepper**. One last question. Do you think it is adequate response to the problem for the schools, when they find the students abusing drugs, just to suspend that student, send him back home, get him out of the school system; is that the solution to the problem of drug abuse in the schools?

Mr. **Gottreich**. No, but that is what they do.

Chairman **Pepper**. I know it. That points up the inadequacy of what is now being done.

Mr. **Kelly**. I feel a student who is using narcotics and possibly dealing in the school, should be taken maybe out of that school and placed in another type of school system, other than that particular school. I think you could contaminate in the meantime, trying to rehabilitate, you could contaminate another 50 or 60 kids and I don't think that is fair to the 50 or 60 that might be contaminated by this one. I think you have to have some facility.

Chairman **Pepper**. I want to leave it to the school authorities. I would like to keep the program under the school authorities' jurisdiction. Let the educators, with the consultation of medical authorities, if they wish to consult them—probably they should—let them devise the best way of handling it, but I don't see any reason why it should not be handled within the general jurisdiction of the school system.

Thank you very much, gentlemen. You have been very helpful to us and we appreciate your coming. Thank you for waiting as long as you have today.

Mr. PHILLIPS. Mr. Chairman, one final gentleman here whose name is Officer Shields, Joseph Shields, who has brought with him some reports containing statistics relating to drug abuse here in Chicago among young people.

Officer Shields, would you come forward and submit the statistics.

Thank you for coming by.

Chairman PEPPER. I would like to read into the record a statement by another distinguished member of the Illinois Delegation who has been very interested in our hearings here. The Honorable John C. Kluczynski, one of our distinguished colleagues from Illinois in the House. It reads as follows:

PREPARED STATEMENT OF HON. JOHN C. KLUCZYNSKI, A U.S. REPRESENTATIVE FROM THE STATE OF ILLINOIS

Mr. Chairman and members of the Select Committee on Crime. It is significant, indeed historic, that these hearings on the problem of drug abuse in schools are taking place in the city of Chicago. Not since the Kefauver hearings on organized crime in America has there been such a need for and such attention paid to a problem that has become a crisis from one end of the country to the other.

If I may speak for the citizens of the city of Chicago, we are particularly grateful to Education Television WTTW, Channel 11, for its decision to broadcast these hearings to the entire community so that students, teachers, and parents could learn first-hand the extent of the drug problem in our schools, and what we must do to end the ignorance and secrecy on this subject.

I am certain that any parents who listened to the testimony of those young people yesterday can only come away convinced that nothing short of a thorough examination by school officials should be made as to the extent of the drug problems in their respective schools, and funds for existing schools and school-associated drug treatment programs must be given the greatest priority by Federal, State, and local agencies.

The Crime Committee has been rendering an important public service in its field hearings across the country and the credit must go to Chairman Pepper and the members of this committee who unselfishly have been conducting these investigations in cities and towns throughout the country.

I came here today to welcome you to Chicago and to convey to you my support and my appreciation for the public service you are rendering here and in other cities.

We appreciate that expression. I think tomorrow, certainly other Members of the Illinois Delegation will perhaps drop in and be with us.

Congressman Kluczynski had planned on being here to deliver his statement, but was unable to attend.

That concludes the hearing for today. We will recess until 10 o'clock tomorrow morning.

(Whereupon, at 5:30 p.m. the hearing adjourned to reconvene at 10 a.m. on Saturday, September 23, 1972.)

DRUGS IN OUR SCHOOLS

SATURDAY, SEPTEMBER 23, 1972

House of Representatives,
Select Committee on Crime,
Chicago, Ill.

The committee met, pursuant to notice, at 10 a.m., in the hearing room of channel 11, 5400 North St. Louis Avenue, Chicago, Ill., the Honorable Claude Pepper (chairman) presiding.

Present: Representative Pepper and Murphy; Senator Percy and Representative Pucinski, guests.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman Pepper. The committee will come to order, please.

My first pleasure this morning is to call attention to two excellent editorials in the local papers, first in the Chicago Tribune of today, and the other in the Chicago Today, both of them very warmly commending this station, channel 11, for the public services it has rendered in broadcasting these hearings to the public that it serves here.

We want to join, as we said many times before, in the highest possible commendation of this station for the performance of that valuable public service. That is the kind of thing that Congress had in mind, the sort of public service the Congress envisioned, when we originally made provision for such a public service television as this splendid example.

I just want to call attention to the deserved and high tribute to channel 11 by these two very distinguished newspapers.

Mr. Counsel, will you call the first witness.

Mr. Phillips. Mr. Chairman, the first group of witnesses will be a panel representing the Chicago Board of Education and the superintendent of the Chicago schools, Dr. Redmond, is here with a number of his staff.

Dr. Redmond, would you please come forward and have a seat.

STATEMENT OF DR. JAMES F. REDMOND, SUPERINTENDENT, PUBLIC SCHOOL SYSTEM, CHICAGO, ILL.; ACCOMPANIED BY DR. LORRAINE M. SULLIVAN, ASSISTANT SUPERINTENDENT; DR. JOSEPH DiLEONARDE, PRINCIPAL, WELLS HIGH SCHOOL; FRANK G. FOLKERS, CITYWIDE CONSULTANT, DRUG EDUCATION; DR. IRVING R. ABRAMS, MEDICAL DIRECTOR; DR. GERALD L. SBARBORO, MEMBER, BOARD OF EDUCATION; AND ARTHUR LEHNE, ASSISTANT SUPERINTENDENT OF SCHOOLS

Chairman Pepper. Dr. Redmond, we are very pleased to have you and this very distinguished panel of your associates come here today to help us in trying to meet the challenge of this great problem.

Dr. REDMOND. Thank you, Representative Pepper.

We, too, are pleased to be here. We hope that the purpose of this hearing is really appreciated by the entire public. We are most happy to be involved, for a number of reasons, one of the primary ones being the public lack of information about the problem which faces both you and us and them.

Chairman PEPPER. Doctor, let me just interrupt to say that the community and this committee are particularly indebted to your distinguished Representative, Mr. Murphy, for bringing this committee here for the purpose of having these hearings.

Dr. REDMOND. Thank you very much. We share that, too.

Members of the committee, I have prepared a statement that I would like to have the opportunity to read through. Copies have been furnished to you. My associates at the table with me here have been deeply involved over the years in our program and we would be pleased to carry on discussions after that.

May I state that the Board of Education of the City of Chicago has long been sensitive to the problem of drug abuse. Units on drugs and alcohol have been taught in all physical education and health classes as a part of the total health curriculum since the 1930's.

When adolescent drug abuse emerged as a national problem, the Chicago public schools tried to respond to the need and prepare to intervene in a crisis. School personnel were sent to national in-depth conferences concerning drug abuse to obtain updated information and insights into new methods.

In May 1970, a steering committee for the establishment of a curriculum for drug abuse prevention began actively functioning. This committee met and served as a policy-forming group for the development of a Chicago public schools drug abuse prevention program. The committee consisted of teachers, school administrators and consultants, law enforcement officials, parents, and representatives of community organizations, Citizens School Committee, and the Parent-Teacher Association.

Dr. DiLeonarde, who is with me, served as chairman of that committee.

During its deliberations, the committee determined that the following considerations were of critical importance to the development of a viable drug abuse prevention program in the Chicago public schools:

Process—or the way teachers relate to students and present information—is as important as content in the presentation of drug information to students.

It is important to consider the causes leading individuals to drug abuse.

The presentation of information about drugs must be factual, nonsensational in nature, and free from moralization and preaching.

The approach to drug information presentation ought to be interdisciplinary and multifaceted. I am meaning by that, covering all disciplinary areas.

The Chicago public schools should design its own individual curriculum, since a review of existing curriculum materials did not meet the requirements and needs of Chicago public schools.

Orientation seminars extending over 3-day periods were conducted in the three organizational areas of the Chicago public school system during the first semester 1970–71 to acquaint teachers, administrators, and interested community persons with the scope of the problem of drug abuse and to exchange information. Attempts were made at these meetings—which included student participants—to sensitize those in attendance to the dynamics of the problem.

These presentations were teletaped, recorded, and offered along with other television presentations for use in the instructional program. Moneys for these activities were obtained through a State grant of $6,000, which has been referred to, I understand, earlier in these hearings.

School personnel, students, parents, and community members were surveyed by questionnaire and community-based seminars to determine their knowledge of and suggestions concerning the drug problem. This was in December of 1970, and we shall refer to that questionnaire later.

In 1971, three pilot school districts were selected in the city for program development, testing, and implementation. A pilot district was situated in each of the sections of Chicago, known as areas—geographical administrative units of the Board of Education of the City of Chicago, which are located on the north, west, and south sides of the city.

A field test curriculum guide was developed by a writing committee appointed by the Drug Education Steering Committee and published in 1970. This writing committee developed a multifaceted interdisciplinary curriculum guide in drug education entitled, "Education About Drugs: Their Use, Misuse, and Abuse."

In 1971, each pilot district ran an experimental drug abuse prevention program using the field test curriculum guide. Copies of this guide were furnished to teachers in each of the pilot districts for use in classroom programs. At the end of the program, participating teachers were asked to evaluate the field test guide and to make suggestions for its improvement. Students also evaluated the guide and submitted reactions and suggestions which were considered by the steering committee.

During the summer of 1970, and again in 1971, four teachers were sent to a conference in San Francisco to receive intensive training toward becoming resource persons in drug education. The Board of Education of the City of Chicago also sent teachers to the Central States Institute for Addiction Programs.

Pilot school districts cooperated with treatment centers in the community of the pilot district and were helpful in establishing three adolescent intervention centers in a neighborhood with high incidence of drug abuse. The pilot schools are continuing to cooperate with and utilize the services of these facilities.

In June 1971, the suggestions and reactions of teachers who used the field test curriculum guide were reviewed and the curriculum guide was rewritten. The new guide, entitled, "Education About Drugs: Kindergarten Through High School Program," was written in behavioral terms, while the previous guide had been written in conceptual language. The new writing made the guide much more activity oriented and enabled teachers constantly to test the effectiveness of lesson presentation.

This publication, I want to submit, if we have not already, for the record of the committee hearings because we feel that this is probably the most up-to-date and outstanding compilation of instruction suggestions and listing of materials that has been made.

(The publication referred to above was retained in the committee files.)

Dr. **Redmond.** The new guide was developed in cooperation with the medical director of the board of education in 1971; is was printed at board expense and distributed to 30,000 teachers in the Chicago public school system. It also went on to our own radio station, WBEZ, in making presentation and explanation to our staff.

Chairman **Pepper.** Doctor, the book which you have mentioned will be filed with the committee so we will have a record of it.

Dr. **Redmond.** Thank you very much, sir.

In spring 1971, an instruction materials selection committee reviewed all available textual and nontextual materials available for use in drug education programs. The approved materials became the official listing of instruction materials for drug education.

During the academic year 1971–72, the Chicago public schools did these things:

Conducted training seminars to which all principals were invited, acquainting them with the curriculum guide and orienting them to the drug abuse problem.

Distributed guide to each teacher in the Chicago public school system.

Provided half-day in-service time for familiarization of staff with the curriculum guide.

As I mentioned before, utilized radio station WBEZ to introduce the curriculum guide to all Chicago teachers.

Sent 75 teachers to Central States Institute for Addiction Programs for training in drug education.

Provided in-service training opportunities with promotional graduate credit to teachers.

Offered the National Institute for Mental Health's Social Seminar.

Helped communities develop federally funded self-help programs—nine were funded. This money did not go to the board of education, but to those nine community groups that we worked with.

We appointed a citywide consultant in drug addiction to work full time in coordinating and planning drug abuse prevention programs.

Cooperated with and established liaison with the Illinois Drug Abuse Program and the Region Five Drug Abuse Resources Training Center.

We are developing programs and suggestions for the better implementation of drug abuse prevention programs.

All of this may sound great, but the Chicago public school system has made a beginning in the training of teachers to be effective agents in preventing drug abuse. Only 200 have been trained thus far. However, much remains to be done. Teachers, for the most part, have only been introduced to the problem. They have not received the intensive training necessary to make them effective workers in a drug abuse prevention program.

It is necessary to provide positions and time for trained teachers to develop and activate school programs. Chicago has not yet reached this phase of development, because funds for program implementation have been severely limited.

Mr. PHILLIPS. Excuse me, Doctor. Could you repeat that? You say only 200 teachers have been trained?

Dr. REDMOND. A total of 200 teachers have been intensively trained. Only 200 have been intensively trained.

Mr. PHILLIPS. And you say the other training is inadequate? I missed the words you made to describe it.

Dr. REDMOND. Let me repeat it.

Only 200 have been trained thus far. However, much remains to be done. Teachers, for the most part, have only been introduced to the problem. They have not received the intensive training necessary to make them effective workers in a drug abuse prevention program.

Mr. PHILLIPS. Thank you.

Dr. REDMOND. An immediate goal is to assure that there will be at least one trained person in drug abuse prevention in each of Chicago's 570 schools. Chicago has made a large step in the direction of developing these resource persons. But the level of sophistication for the persons who have been trained needs to be increased. It is necessary to train larger numbers of teachers.

The Chicago public schools have progressed as far as they are able without additional financial assistance. At least $3 million could be used immediately in the 1972–73 school year.

It is suggested to the committee that there is no more difficult human behavior to document and measure than the intensity of drug abuse, especially among school-age youth.

The following considerations and elements coloring any statistical survey are submitted for consideration in estimating incidence of drug abuse among the young—and, later, as a supplement to my presentation, on page 17, we have a summary of one such survey:

Drug abuse is subcultural and therefore secret. Elaborate stratagems exist to prevent adults from finding out about the extent of drug abuse.

Police statistics reveal only arrests. Police are involved in only a small fraction of drug abuse incidents.

When questioned, young people frequently exaggerate the proportions of drug abuse incidence in order to excite their elders.

School authorities are usually the very last to know about incidents of drug abuse except in rare instances where there is intoxication or illness because of overdose.

There is no reliable gage to ascertain the true level of drug abuse in an area because potential legal consequences and much of the cultism of drug abuse demand secrecy.

The sources of information I won't repeat here because it is common knowledge.

And this, after listening the last 2 nights to the summary of the 2 days' hearing, I want to help clarify, when we say the legal implications of drug abuse cause serious concerns to persons interested in working toward a solution to the problem. This is particularly true of teachers.

The success of the drug abuse prevention program depends on open communication between the teacher and the student. It is essential that legislation be enacted permitting teachers the same protection of privileged information which is now extended to physicians, clergy, and attorneys.

If a drug abuse prevention program is to operate at all, it depends upon communication between students and teachers, young people and adults. One of the severe problems that now confronts teachers is that young people do not wish to talk to them. There are several reasons for this, but one of the most pressing reasons is that young people who may be involved in drug abuse are fearful that teachers will inform upon them. Hence, they do not trust many adults: teachers, counselors, parents, doctors.

On the other hand, the school policy as it now exists demands that teachers notify the principal, who will notify the police in instances of drug and narcotics possession and intoxication. Therefore, if a teacher learns of a drug-related problem, there is a duty to report it to a law enforcement agency.

Teachers who are provided with privileged communication have greater flexibility of action, and they need not try to solve students' problems in ignorance of what the problems really are.

If teachers are expected to work in this area, and I think they should, they must be permitted confidentiality and privileged communication.

The "School Code of the State of Illinois" mandates that drug and alcohol information be provided to every student up to grade level 10, although we go to the grade level 12 in the Chicago public schools. This is a State requirement that is also reflected in the curriculum requirements of the Board of Education of the City of Chicago.

This requirement has been on the books for many years. Until very recently, its importance has not been realized.

The State requires that information about drugs be provided, but the legislature has done little to fund programs for the schools to execute this mandate.

If we know anything on the basis of previous experience, we know that traditional methods of drug education do not work to prevent drug abuse.

Chairman **Pepper.** Excuse me, Doctor.

We are pleased to have one of your distinguished Senators, Senator Percy, with us this morning.

Dr. **Redmond.** Good morning, Senator. It is good you are here. I hope you can catch up on the material we have presented to you.

Let me repeat, if we know anything on the basis of previous experience, we know that traditional methods of drug education do not work to prevent drug abuse. Yet little concrete assistance has been provided to the schools in the development of better-conceived approaches.

The progress accomplished by the Board of Education of the City of Chicago has taken place largely without outside financial assistance.

The following proposals are being developed to make an effective drug abuse prevention program for the Chicago public schools.

I am ready for the submission of three of these proposals, and the fourth one within the next 2 weeks. At this point, let me interject something which is not in my printed testimony, but I gathered as the result of my listening to the last 2 days of discussions here.

The Chicago public schools, since 1970, have received a total of three assistance grants in all of this work. One in December of——

Mr. Murphy. Excuse me, Doctor. When were these grants?

Dr. Redmond. December 1970. The first one was for $6,000.

Chairman Pepper. That was from the State?

Dr. Redmond. From the State of Illinois, for our orientation programs that I listed earlier in my statement.

October of 1971, $15,000. Again, it is Federal money, but administered through the State for in-service programs, again, which I have mentioned earlier in my report.

Then in July of 1971, the $55,000, which primarily was from HEW, title III.

Chairman Pepper. Is that 1971?

Dr. Redmond. 1971, July.

Chairman Pepper. How much?

Dr. Redmond. Under title III, through HEW, $55,000.

That totals the $76,000.

Chairman Pepper. What was that $55,000 for?

Dr. Redmond. Primarily for in-service training and the five people that we assigned to the instructional program and Central State's program.

Chairman Pepper. In-service training of your teachers?

Dr. Redmond. Teachers; yes, Congressman.

Now, let me give the other side of the report. The proposals which we have submitted, their dates, and for what and what amount, and which have been rejected:

In February of 1970, we submitted three proposals under the Prevention of Crime in the Public Education Act. One in the amount of $1,935,384,000 and the purpose of which was for school-community liaison teams for closer relationships with the community to establish this to work with the problem.

Second, for $90,166, the purpose for development of materials and information for use by the staff and community groups.

The third for $318,623 for seven pilot centers, or student reception centers, for those coming back for treatment from incarceration for rehabilitation into society.

This was rejected.

Mr. Murphy. Who rejected these, Doctor? Which department of the Federal Government?

Dr. Redmond. The submission route I do not recall right now. I will have Miss Sullivan check it out. It was under the Prevention of Crime in the Public Education Act. While she is looking at it, let me go through the other.

In February of 1971, under the Student Youth Activism Section of Title III, ESEA, we submitted a proposal for drug in-service education for teachers, which envisioned the training of 15,000 of our teachers. This was a proposal for a 5-year program at the rate of $673,000 per year, a total of $3½ million. It was rejected.

Mr. Phillips. On what basis was that particular one rejected?

Dr. Redmond. Again, it couldn't compete with all of the other types of proposals that were being submitted.

Let me say, parenthetically, I hope you Congressmen and Senator Percy, I know you understand that when Congress appropriates for these programs and they are administered through HEW or whatever agency, you set up through the procedures a kind of grantsmanship situation where all of the local schools or other agencies are in competition with each other for the amount of money that has been appropriated, and that many good programs go by the board because whomever is reviewing, it is his judgment that this one is better than that one.

Now, I am not arguing that there may have been some proposals that were better than ours. I am saying that we think ours were good, but they were rejected, primarily because there was no money.

The first one you mentioned, proposals for funding under the Omnibus Crime Control and Safe Streets Act, I was talking about the second of our series of submissions.

Mr. Phillips. If you want to complete your statement in relation to that, you interjected that. This is specifically for drug education. That is why I interrupted you. You said you requested $673,000 a year for a period of 3 years, to do an intensive drug education program for 15,000 of you teachers. Is that correct?

Dr. Redmond. That is right.

Mr. Phillips. You submitted that request?

Dr. Redmond. Through channels of HEW's Office of Education.

Mr. Phillips. Through State channels?

Dr. Redmond. State channels.

Mr. Phillips. It was rejected in State channels, or HEW?

Dr. Redmond. We never are quite aware of whether it is rejected at the Office of Education or the State level. The other one was HEW, too.

In April of 1971, again under title III of the ESEA, we submitted a $117,039 proposal that had to do with school and community involvement in drug education. That was rejected.

I merely want to make the record clear that since 1970, we have made proposals totaling $5.828,000, which has been rejected; we have received assistance through proposals to the tune of $76,000.

Mr. Phillips. It is hard for me to believe that, Doctor, mainly because I have seen programs here funded in the city of Chicago for $100,000. These programs are being run by totally questionably qualified people, people who are ex-drug addicts, have no educational background, who are in very, very difficult shape from an administrative point of view. Some of these programs are being closed down, some are being reevaluated, and it just seems impossible that these people are getting money and you are not in this type of an area.

Dr. Redmond. For the record, again, Representative Pepper, I will be pleased to submit copies of the proposals.

Mr. Phillips. Maybe you are going to the wrong place.

Dr. Redmond. I want to speak to that later. There are places to which we may go and the established routine is through the existing grants and through the departments of State and HEW.

Chairman Pepper. I think what counsel may not fully have taken into account is the difference in the funds available for the different programs.

You are talking about school-related drug treatment programs or education programs. The funds are very much more limited so far. What we are trying to do now, is to open up further funding possibilities for you.

There are funds under the other program. The HEW and other funds outside of the school system.

I imagine counsel is talking about programs outside the school system, weren't you?

Mr. **Phillips**. LEAA money is available.

Chairman **Pepper**. That is LEAA money, but they are not primarily—evidently, the LEAA money is not being put into the schools so far. But maybe it should. We are glad to learn what you applied for and what you received.

Do any of your applications cover treatment and rehabilitation in the schools?

Dr. **Redmond**. Representative, our position has been that education about drugs and not rehabilitation and treatment, is as much of the job as organized school systems can undertake.

Chairman **Pepper**. Do you rule out any program for treatment and rehabilitation in the schools?

Dr. **Redmond**. I cannot say I rule out, because now we are, after years of feeding children in schools, we are doing social work in schools where nobody else has either taken over or the Congress in its wisdom has said we will do it. But to say that I feel that professionally or primarily, and where we can do the most good, is in the education and the prevention, and referral to established places for rehabilitation and treatment.

Chairman **Pepper**. When you say "referral," that presupposes there has to be adequate programs outside of the school system.

Dr. **Redmond**. I quite agree.

Chairman **Pepper**. That means facilities have to be set up, personnel has to be provided, properly trained, and the like. You have got to set up a whole new system. Do you think there is nothing by way of personnel or facilities available in the school system that could be used if you had more funding?

Dr. **Redmond**. Let me point out an example right now. We are actually working with Gateway Houses in providing——

Chairman **Pepper**. Yes, but Gateway Houses has only 200 or 300 people.

Dr. **Redmond**. Agreed. But we are providing the instruction program and instruction personnel working with them. I can see us involved in that way; yes.

Mr. **Phillips**. Doctor, we had the head of the PTA here yesterday and we asked her, did she know the Chicago school system did not have one drug counselor in any one of the schools. She said, yes, that the Chicago system did not have one drug counselor. I asked her what she thought of that. She said it was horrible. And I consider it horrible. You are telling me that you shouldn't even have a drug counselor in your schools?

Dr. **Redmond**. Maybe we are having word trouble, Mr. Phillips. I am not saying we shouldn't have drug counselors in school. I am saying——

Mr. **Phillips**. Isn't that a type of treatment?

Dr. REDMOND. No, I do not consider that—here, again, maybe we have to define our words better. But I do not see schools as the resident-type of treatment centers. I think that the education facet covers what you are saying, and as I am indicating in here, when I get more specific about what it is I want—maybe we are both talking about the same thing with a different noun on it.

Chairman PEPPER. Go ahead, Doctor.

Dr. REDMOND. Staff positions in the Chicago public schools are needed now to effectively utilize the skills of the persons that have been trained. Time is not available for persons who have received training to implement it during the schoolday. These persons have many other duties impinging upon their time. Because of the budgetary crisis confronting the Chicago public schools, we are a long way from releasing time to presently constituted staff.

I might say, parenthetically, in reality, cutbacks are much more likely.

If the Chicago public schools are to implement a meaningful drug abuse prevention program, the following assistance is needed:

The financial burden of such a program should be separated from the ordinary budgetary requirements of the Board of Education of the City of Chicago.

Money for staff positions to be opened must be made available.

Money for training and staff development efforts must be made available.

Money for resource materials must be made available.

There is no simple answer to the problem of drug abuse. The causes of drug abuse among individuals are as numerous as the number of individuals who abuse drugs.

It is fairly obvious that any expedient that will prevent an individual from indulging in drug abuse will benefit the individual and society. No one is apt to avoid dangerous behavior unless he is sensitive to the dangers involved. There is no available inoculation against drug abuse, except the ability to influence individual decision. External controls which compel certain decisions are both ineffective and repugnant to democratic philosophy and respected ideals concerning the value of individualism.

The best and most positive hope for the development of an effective prevention program is education about drugs. Our social system is based largely on the principle that given knowledge and insight, individuals are capable and likely to exercise good judgment and function responsibly and well.

This does not imply that education about drugs is a guaranteed panacea to the problem of drug abuse. Prevention by education does contain factors which suggest the likelihood of ultimate success:

The largest part of the susceptible population will be reached because children do attend school. You made that point Thursday in some of your points.

The individual will be reached at an impressionable age when he is most open to suggestions concerning behavior development.

As a result of the prevention program, young people will become acquainted with alternative behaviors better than drug abuse, those which will not bring them eventual harm.

Before individuals experience the problem of drug abuse, society may be spared the tremendous loss occasioned by the disability of persons to function effectively. This would be economical in terms of human resources as well as in the immense financial costs related to treatment for drug abuse problems.

Our experience indicates that certain approaches and techniques will work. Conversely, it is known what techniques will not work. To be successful, a drug abuse prevention program must possess the following characteristics:

The program must be student centered. It must reflect the concerns and interests of the students it is designed to serve.

The program must be flexible, as certain needs exist in some schools and are different and not the same in others. Programs must be individualized to meet the concerns of the community in which they function.

The program must contain a provision for student participation in planning and development. Student participation assists in securing student acceptance and provides assurance that efforts will relate to young people's needs and concerns.

Methods of presentation must be motivational. What I am saying here, when I use that word, traditional teacher-pupil relationships in which the teacher is the expert and the student is the recipient of the wisdom of the teacher will automatically be rejected. Communications between students and teachers must be open; the feeling of sharing experiences should prevail.

Programs must be gradually developed and must be continuous, and step-by-step, sequential in nature. Crash or one-shot efforts provide no impact.

With help, and following these principles, the Chicago public schools can develop a drug abuse prevention program that will be more effective. At the very least, staff should be permitted to operate in areas which we know have a high incidence of drug abuse, for the purpose of testing procedures. Every student in Chicago ought to have the opportunity to receive the services of the program for the purpose of preventing higher incidence of drug abuse.

Despite all of the public interest in drug abuse, regardless of the political attention being given the problem, in spite of the publicity given to the problem of drug abuse by the media, the truth is that miniscule appropriations are being directed toward prevention and especially education. Most of the money appropriated is directed toward treatment of persons already dependent.

It is necessary to assist the afflicted, but it is doubtful that such assistance will have a permanent effect on all of the persons treated or on all of those in need of assistance. What is critical is to discourage and prevent the development of drug dependency. The best available means toward that goal is education, yet very little money is being made available for educational efforts. It is suggested, and I know this is your intent, that this matter be corrected immediately in early legislation.

As long as drug abuse is profitable, new adherents will constantly be sought and dependency will spread. The best defense is to be aware of its perils in advance, perhaps thereby avoiding dangerous experimentation.

(An appendix to Dr. Redmond's prepared statement follows:)

APPENDIX—BOARD OF EDUCATION OF THE CITY OF CHICAGO (OCT. 13, 1970)

The following statement of objectives has been formulated by the Chicago Board of Education Drug Abuse Education Steering Committee.

RECOGNITION OF THE PROBLEM

The problem of drug misuse among the youth of our nation appears to be reaching alarming proportions. This statement is true even if the emphasis and sensationalism with which the topic is frequently treated is discounted. In attempting to be entertaining as well as information, many public communication agencies risk contributing to the increase of the problem. For this reason, and because there is evidence of misuse of drugs by young people in our city, the problem must be faced by those who work in the Chicago public schools.

The term "drug abuse" is not sufficiently comprehensive to indicate the nature of the program; a better title might be "Education about Drugs—Their Use, Misuse, and Abuse." A program of education should include the following objectives, stated in the revised edition of information about Drug Abuse: Resource Material for Teachers, Board of Education, City of Chicago, 1969:

developing proper attitudes concerning drugs;

understandting the value of drugs to human welfare;

understanding the improper use of drugs and methods and means of avoiding their use;

recognizing that all drugs are potentially dangerous and should be taken only when prescribed by a physician;

arousing pupil, parent, and community interest in helping to solve the problem of illegal drug traffic in the city of Chicago;

recognizing that health and fitness are attained and maintained largely through one's own efforts rather than through dependence upon drugs; and

knowing local, state, and federal laws governing drugs.

Approaches to drug education must be as varied as the diverse causes that motivate youth to use drugs. If the approaches are to influence young people effectively, the procedures must be attuned to the complexities that characterize the youth scene. False information must be replaced by facts. A far better job must be done in recognizing and combating the problem of alienation of youth. Efforts must be made to provide youth with more meaningful ways to achieve pleasure through the art, the sciences, the humanities, and service to their fellowmen.

A program should be instituted immediately which will bring, to teachers and all others concerned with young people, the best scientific and medical knowledge available. In addition, a long-range education program, similar in format to the successful Family Life Education program, should be planned. All community resources must be mobilized to alert students, teachers, parents, and members of the community to the magnitude of the problem and to seek their assistance in finding the solution. Cooperative action must be taken at the school, district, area, and city educational levels.

PROGRAM FOR ACTION

It is recommended that an official curriculum committee on drug education be established in the Department of Curriculum. A professional staff member of the department should be designated as coordinator. The curriculum development should derive direction from the current steering committee. Curriculum directors from Areas A, B, and C, and curriculum consultants should be assigned to this committee. Included on the committee should be consultants and teachers who attended state and federal workshops during the summer of 1970. Liaison with federal, state, and local drug abuse projects should be continued. A drug education materials resource center should be established by the curriculum committee.

In any attempt at curriculum development in drug abuse education, initial training must be directed to administrators and classroom teachers.

SUGGESTED PROGRAM OF INSTRUCTION

I. Provide a program of drug abuse for all young people (K–12).
  A. Change basic attitudes toward drug use.
  B. Develop a system of values.

C. Develop awareness of dangers in misuse and abuse of drugs.
D. Present the law in a factual manner without interpretation.
II. Provide a program of education for parents and community members.
III. Provide a program of inservice education for teachers.
IV. Cooperate with youth education agencies which are playing a primary role in seeking solutions to the drug problem.

EVALUATION OF NEED FOR DRUG EDUCATION EMPHASIS IN CHICAGO PUBLIC SCHOOLS

The Department of Curriculum of the Chicago public schools conducted a survey in December 1970 for the purpose of gathering information about attitudes and opinions concerning a drug education program.

Schools serving students in grades 7 through 12 participated in the study. A random sample of responses to a questionnaire was obtained by having the tenth and twentieth student on the class register and every third teacher on the faculty register complete a questionnaire. Attitudes and opinions of adult members of the school communities were obtained through questionnaires distributed by principals and district superintendents.

There were 10,595 student respondents, 4,248 teacher respondents, and 1,870 community adult respondents in the random sample used for analysis in this study.

Sixty-four percent of the student respondents indicated that some students in their schools are on drugs.

Fifty percent of students, 45.4 percent of teachers, and 50.8 percent of community representatives in the study indicated an awareness of a drug problem in their schools or school communities. Sixty-nine percent of students, 85 percent of teachers, and 86 percent of community representatives indicated that a more comprehensive program of drug education should be included in the curriculum.

Forty-four percent of the teachers and 66 percent of community representatives in the study indicated that a drug education program would be accepted by a majority of people in their school communities.

These data indicate that the existence of drug problems in schools and school communities is recognized to a higher degree by students and members of the community than by teachers. Nevertheless, teachers as well as students and members of the school communities agree overwhelmingly that a more comprehensive program is needed in the school curriculum; that students, teachers, and parents would derive benefits from a drug education program; and that a drug education program would be welcomed by a majority of adults residing in the school communities.

The following pages give an item analysis of questionnaire responses.

ITEM ANALYSIS OF STUDENT QUESTIONNAIRE, GRADES 7–12 (10,595 RESPONDENTS)

Sex.—1. Male, 46.80; 2. Female, 52.12; 3. Not marked, .02; 4. Other, 1.07.

Age.—1. 12–13 yrs., 30.26; 2. 14–15 yrs., 33.13; 3. 16–17 yrs., 31.73; 4. 18–20 yrs., 4.30.

1. Are you aware of a drug problem in your school?

1. Yes, 50.06; 2. No, 28.13; 3. Don't know, 21.00; 4. Not marked, .05.

2. To your knowledge, how many students in your school are on drugs?

1. None, 34.87; 2. Some, 45.87; 3. Many, 18.15; 4. Not marked, .10.

3. Should drug education take place in school?

1. Yes, 68.69; 2. No, 21.78; 3. Don't know, 8.97; 4. Not marked, .06.

4. Do you feel that a program in drug education would be valuable to you?

1. Yes, 61.33; 2. No, 26.64; 3. Don't know, 11.44; 4. Not marked, .05.

5. Do you feel that your fellow students would be interested in a drug education program?

1. Yes, 57.09; 2. No, 13.81; 3. Don't know, 28.49; 4. Not marked, .05.

6. If such a program were begun, who would you think would be most helpful in its presentation?

1. School staff, 10.14; 2. Outside resource, 23.52; 3. Combination of both, 65.17; 4. Not marked, .06.

7. Have you ever been asked to purchase drugs?

1. Yes, 26.13; 2. No, 73.12; 3. Not marked, .07.

8. In your opinion, are students or outsiders more responsible for drug problems?

1. Students, 18.44; 2. Outsiders, 78.92; 3. Not marked, .11.

9. Would you like to be involved in planning a drug education program?

1. Yes, 56.64; 2. No, 42.03; 3. Not marked, .24.

ITEM ANALYSIS OF SCHOOL STAFF QUESTIONNAIRE, GRADES 7–12 (4,248 RESPONDENTS)

Sex.—1. Male 31.97; 2. Female, 66.93; 3. Not marked, .09; 4. Other, 1.01.
Age.—1. 21–30, 37.62; 2. 31–40 yrs., 24.29; 3. 41–50 yrs., 19.61; 4. Over 50 yrs., 17.49.

1. Are illegal drugs a problem in your school community?

1. Yes, 45.39; 2. No, 14.71; 3. Don't know, 38.42; 4. Not marked, 16.

2. Are there indications that drug abuse is a problem for pupils in your school?

1. Yes, 41.43; 2. No. 55.65; 3. Not marked, .24.

3. Do you think that a more comprehensive program of drug education should be included in the school curriculum?

1. Yes, 85.17; 2. No, 5.51; 3. Don't know, 8.71; 4. Not marked, .16.

4. At what level do you think a program of prevention would be most meaningful?

1. Primary, 6.31; 2. Intermediate, 30.11; 3. Upper, 21.49; 4. High school, 5.81; 5. All, .19.

5. My knowledge about drug abuse is based upon the following:

1. What I have heard and seen in the news media, 17.82; 2. What I have read, 5.51; 3. What I have experienced in the school situation, 1.81; 4. A combination of the above items, 72.67; 5. None of the above, 1.69; 6. Not marked, .16.

6. In your opinion, would the following benefit from a program which accurately treats the problem of drug use, misuse, and abuse?

Students.—1. Yes, 90.09; 2. No, 1.46; 3. Don't know, 7.18; 4. Not marked, .21.
Teachers.—1. Yes, 88.87; 2. No, 3.18; 3. Don't know, 6.59; 4. Not marked, .21.
Parents.—1. Yes, 89.48; 2. No, 1.69; 3. Don't know, 7.25; 4. Not marked, .21.

7. If a school drug education program were available, would it be more readily accepted by students if it were presented by the classroom teacher, a consulting teacher, an outside resource, or a combination of these?

1. School staff, 5.98; 2. Outside resource, 19.66; 3. Combination of both, 73.38; 4. Not marked, .19.

8. Would a program of drug education in your school be accepted by the majority of adults residing in the district served by your school?

1. Yes, 43.60; 2. No, 2.21; 3. Don't know, 53.27; 4. Not marked, .49.

ITEM ANALYSIS OF COMMUNITY QUESTIONNAIRE (1,870 RESPONDENTS)

Sex.—Male, 19.41; 2. Female, 78.02; 3. Not marked, .00; 4. Other, 2.57.
Age.—1. 21–30 yrs., 14.97; 2. 31–40 yrs., 41.44; 3. 41–50 yrs, 31-39; 4. Over 50 yrs., 10.11.

1. Are illegal drugs a problem in your school community?

1. Yes, 50.75; 2. No, 15.94; 3. Don't know, 31.39; 4. Not marked, .00.

2. Are there indications that drug abuse is a problem for pupils in your school?

1. Yes, 37.27; 2. No, 56.63; 3. Not marked, .21.

3. Do you think that a more comprehensive program of drug education should be included in the school curriculum?

1. Yes, 86.47; 2. No, 5.40; 3. Don't know, 6.84; 4. Not marked, .05.

4. At what level do you think a program of prevention would be most meaningful?

1. Primary, 9.14; 2. Intermediate, 30.70; 3. Upper, 18.18; 4. High school, 5.24.

5. My knowledge about drug abuse is based upon the following:

1. What I have heard and seen in the news media, 22.25; 2. What I have read, 7.01; 3. What I have experienced in the school situation, 2.30; 4. A combination of the above items, 65.13; 5. None of the above, 2.14; 6. Not marked, .00.

6. *In your opinion, would the following benefit from a program which accurately treats the problem of drug use, misuse, and abuse?*

Students.—1. Yes, 85.67; 2. No, 2.03; 3. Don't know, 7.33; 4. Not marked, .27.
Teachers.—1. Yes, 80.96; 2. No. 1.93; 3. Don't know, 8.93; 4. Not marked. .37.
Parents.—1. Yes, 85.72; 2. No, 1.98; 3. Don't know, 6.84; 4. Not marked, .16.

7. *If a school drug education program were available, would it be more readily accepted by students if it were presented by the classroom teacher, a consulting teacher, an outside resource, or a combination of these?*

1. School staff, 8.18; 2. Outside resource, 21.71; 3. Combination of these, 67.38; 4. Not marked, .05.

8. *Would a program of drug education in your school be accepted by the majority of the community?*

1. Yes, 65.94; 2. No, 2.73; 3. Don't know, 30.21; 4. Not marked, .11.

Page two of these three questionnaires consists of essay or open-ended questions. A summary of the answers to each question follows.

Community questionnaire

What do you feel should be included in a drug education program?
types, strengths, and recognition of drugs
dangers and effects of use
use of reformed addicts
use of literature, lectures, films (outside resource people)
psychological and social aspects of drug culture
dangers inherent in peer pressures—resisting use
where to seek counseling, treatment
a comprehensive program for both child and parent
a combined effort—school, community, home, church—in the form of workshops (to encourage communication)
legal and illegal use (benefits of medicine, penalties for possession and use)

Please list any other concerns you may have about drugs or drug education.
the availability of drugs—community and school
lax law enforcement
that a broad program has not yet been started
that adults make such extensive use of legal drugs
that parents cannot detect drug use and do not know where to seek help
penalties too severe; laws must be revised
drug education may lead to drug experimentation
that drug use is destructive to home and community life
that drug education should be ongoing and an integral part of the curriculum

School staff questionnaire

What do you feel should be included in a drug education program?
accurate information
material on the harmful effects of drugs
purposes of drugs—positive and negative, "over-the-counter"
a program involving trained personnel
training of parents by trained personnel
material concerning prevention, treatment
information about the origin of drugs, symptoms
information about physical, social, mental effects of drugs
a positive approach should be included
information about the legal aspects (possession)

Please list any other concerns you may have about drugs or drug education.
the ex-addict as teacher (information about and control of pushers and peddlers)
correct information
selecting qualified teachers to teach in the program
setting up parent classes
too much publicity has been given in this area via television, press

Student questionnaire

What suggestions would you have for making such a program meaningful to you?
hearing and reading about psychological effects of drugs
hearing about types of drugs
having ex-addicts speak to students and adults

having only young teachers teach in the program
having Officer Friendly teach the program
taking field trips to rehabilitation centers
viewing up-to-date films
having student-teacher-parent planning sessions
having small group rap sessions
having outside speaker, such as police, lawyers, and teachers
having special monthly meetings to talk about drugs
seeing the effects of drugs on the body
getting booklets, pamphlets, brochures from outside sources
scheduling panel discussions
placing the course in gym/health classes

BOARD OF EDUCATION OF THE CITY OF CHICAGO SEMINARS ON EDUCATION ABOUT DRUGS: THEIR USE, MISUSE, AND ABUSE

AREA A

Six district level seminars were held during December 1970 for students, teachers, administrators, parents, and selected school staff. Approximately 825 were in attendance. These meetings consisted of a general presentation of the extent of the drug problem and preliminary plans for instituting a thorough program of drug abuse education. The main concern was to review and decide upon policies having to do with the proposed program. A questionnaire was distributed at the conclusion of these sessions. Two of the seminars were held at the Lutheran School of Theology, and the remainder at elementary schools in the area.

AREA B

Three one-day seminars were conducted on the district level with approximately 1,000 students, teachers, administrators, parents, and interested community and church agency representatives in attendance. The program was concerned with giving participants a knowledge of the current scope of drug abuse, discussing ideas for improvement of the instructional program, and the need for cooperation in seeking solutions to the many and diverse problems associated with drug use, misuse, and abuse. A questionnaire as to the objectives of this program was distributed. The meetings were held at McKinley Park on January 19, 20, and 21.

AREA C

Approximately 800 students, teachers, administrators, and parents from every school in the area participated in three one-day seminars which were held on a district level. The program included information on the pharmacology of drugs, sociological and psychological aspects of drugs, legal aspects of drug abuse, and the problem as viewed by high school students and teachers relevant to drug abuse education.

The seminars were conducted on January 12, 20, and 21 at the American Medical Association.

AREA SEMINAR

Drug abuse discussion questionnaire

The following summary of results gleaned from 413 questionnaires completed by participants in one area's meetings indicates recognition of the need for a long-term program of drug abuse education, realization of many obstacles to implementation of such a program, and suggestions for involving both the student and his community in planning and implementation within the school.

I. A. At what level should a drug abuse education program begin?

Primary one	210
Primary two	19
Primary three	47
Grade 4	42
Grade 5	61
Grade 6	43
Grade 7	36
Grade 8	11
Grade 9	5
Grade 10	3
Grade 11	2
Grade 12	4
Other	18

B. At the high school level who should be responsible for drug abuse education?

Parents	113
Principal	91
Counselor	100
Teacher of science	90
Teacher of physical education	84
Teacher-nurse	75
Students	63
PTA (PTSA)	45
Police	36
Board of Health	65
Mental health clinics	59
Church	21
Other organizations	57
All items checked	179

II. What are obstacles that you might encounter in setting up a drug abuse education program?

Ignorance of need*	189
Ignorance of purpose*	106
Fear*	94
Lack of:	
Money*	128
Interest*	125
Leadership*	127
Space	44
Objections:	
Parents	85
Students	23
School	12
Police	5
Church	4
Other	14
Checked all items indicated by *	67

III. How can we involve the total community in our drug abuse education program?

Community organizations and mass meetings	153
Youth group meetings	85
Chamber of commerce	11
Professional organizations	35
Trade unions	18
Tenant organizations	9
Political organizations	9
Social agencies	25
Community papers	123
Radio and TV	86
PTA meetings and bulletins	84
School assemblies	85
School papers and flyers	62
Student organizations	61
Letters to parents	35
Other	9
All items checked	223

IV. What is the best way to involve students in the planning of a drug abuse education program?

Voluntary classes*	135
Compulsory classes	51
All-school assemblies	97
Small group discussions*	213
Individual counseling	91
PTSA meetings	77
News media	58
Settlement house affiliations	27
Other	8
Checked both items indicated by*	111

V. At the present time, what resources are available to assist you in planning a drug abuse education program?

School*	149
Parents*	90
Other students	72
News media*	86
Federal agencies*	88
State agencies	68
County agencies	47
Municipal agencies*	77
Social agencies	69
Settlement houses	27
Professional organizations	62
Church	53
Private industry	12
Checked all items indicated by*	73

VI. In planning a drug abuse inservice program, list the items you consider essential to the success of the program.

Planning	160
Competent staff	138
Parent support and participation	92
Materials	90
Community support and participation	73
Evaluation	66
Publicity	57
Financing	56
Implementation	53
Followup	28
Housing	24
Other	20
All items checked	184

VII. How do you see your leadership role in the development of a drug abuse education program in your school?

Participant*	171
All indicated*	127
Leader*	82
Organizer*	80
Booster*	77
Observer*	52
Follower*	48
Nonparticipant	17
Checked all items indicated by*	127

VIII. How does the Department of Curriculum in the central office and in the areas assist you in the implementation of a drug abuse education program?

Materials*	158
Planning*	113
Resources*	109
Guidelines*	92
Financing	82
Staffing*	82
Seminars*	77
Liaison*	43
Housing	23
Other	19
Checked all items indicated by*	193

Please identify yourself:

Parent	107
Administrator	113
Teacher	122
Student	71

Central States Institute of Addiction,
Chicago, Ill., August 25, 1972.

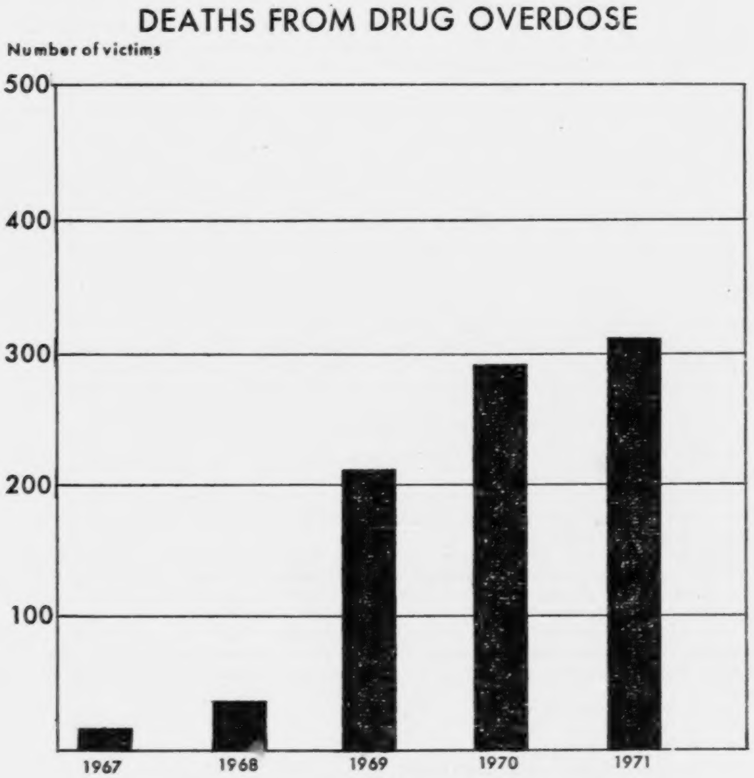
To: Fellow members of the DACI.
From: Joseph A. Bou-Sliman.
Subject: Cook County Coroner Overdose Drug Statistics.

I thought the attached reprint might be of interest to each one of you.

The coroner's office reports that the largest number of drug overdose deaths were individuals between the ages of 20 and 30 years of age. The second largest group were between 30 and 40 years of age. The smallest group were forty years of age and over, with the largest number in this group between 40 and 50 years of age. There was a slightly higher incidence of male deaths compared to female.

The majority of the deaths were due to heroin and morphine, which are chemically identical in the body. The second largest killer was barbiturate poisoning. There is also an alarming increase in deaths resulting from a combination of drugs and alcohol.

The coroner's office also reports that the majority of these deaths were not suicides; they resulted from carelessness and ignorance. Broken down into two broad categories, the first is the hard line user or "addict" who accidently "overshoots" an excessive amount of heroin or morphine. Second is the "non-addict" who overdoses on barbiturates and/or amphetamines. One of the primary causes of death in this category is the mixing of drugs and alcohol.



The graphic illustration above shows the increase in deaths due to drug overdose since 1967. (Statistics taken from Cook County Coroner's Office records.)

Contrary to popular belief that blacks are the biggest drug users, Cook County Coroner's Office Annual Report for 1971 shows that of the 310 overdose victims, 188 were white compared to 115 black. Four of the victims were Oriental and three American Indians.

By sex, 196 of the victims were male, 114 female. A quote from the 1971 report states—"The coroner's office sees first hand the unfortunate and tragic results of our drug oriented society. It is the one hope that these overdose statistics will help our society become aware of this alarming trend." The coroner's office latest report, as of June 31, shows 147 deaths for the first six months in 1972.

As alarming as these statistics are, it is important to note that these are only reported cases on record in the coroner's office. One can only guess at the number of unreported deaths due to drug and/or alcohol overdose.

With these facts in mind, education in the area of drugs and alcohol becomes increasingly important. Central States Institute of Addiction offers beginning, intermediate, and advanced courses in both drugs and alcohol. These courses are offered to teachers, clergy, members of the helping professions, and all conscientious members of the community, not only in our immediate vicinity, but the Institute covers 10 midwestern states.

The coroner's office states ignorance as one of the major causes of death from drug overdose. Education is Central States Institute's answer to this growing problem.

It behooves all of us to recognize the importance of education in the field of addiction.

REPORT TO THE SELECT COMMITTEE ON CRIME OF THE HOUSE OF REPRESENTATIVES, SUBMITTED BY EDWARD D. BRADY, DIRECTOR OF PERSONNEL SECURITY, OFFICE OF THE DEPUTY SUPERINTENDENT

AUGUST 31, 1972.

DEAR DR. LEHNE: In reference to our need for data for the Select Committee on Crime of the House of Representatives, we submit the following:

To combat narcotics problems in the Chicago Public Schools, Dr. James F. Redmond, General Superintendent, Mr. Manford Byrd, Deputy Superintendent, met with Superintendent James B. Conlisk, Jr. of the Chicago Police Department during December, 1970. Pertinent members of each of their staffs were present.

At this meeting it was decided that narcotic information would be exchanged between these two public agencies to assist in a preventive program. Effective, January 1, 1971, weekly reports of arrests in and around Chicago Public Schools would be submitted by Mr. Edward D. Brady, Director of Personnel Security for the Chicago Board of Education, and Captain Thomas Hanley, Director of the Youth Division for the Chicago Police Department.

This proved invaluable in assisting a coordinated effort to identify, suppress and plan a program to counter narcotics problems in and around schools.

The following figures have been supplied as a result of this joint effort:

NARCOTICS ARRESTS IN AND AROUND CHICAGO PUBLIC SCHOOLS

1970, 57 (20 schools); 1971, 95 (53 schools); 1972, 61 (31 schools) (Jan. 1, 1972 to August 30, 1972).

The range of arrests from January 1, 1971 through January 28, 1972 averaged from zero to seven arrests. The average was 2.6 arrests per week. The mode was three arrests per week.

The International Association of School Security Directors was formed in 1969 at the direction of Mr. Manford Byrd, Jr. Deputy Superintendent of Schools. Mr. Edward D. Brady served as its first President in 1970–71, and has been Chairman of their Executive Board for the past two years.

The IASSD has held three annual conferences. They presently number 180 Security Directors from 41 states. Their experience and investigation have revealed the number of cities with the greatest narcotics problems in the schools are:

1. New York City;
2. Washington, D.C.;
3. Miami, Florida;
4. Los Angeles, California; and
5. San Francisco, California.

One must remember that Narcotics arrests are factual figures. 95 arrests in one calendar year out of a 560,000 student population does not appear very large.

The IASSD has strongly questioned alleged surveys which indicate 70% or 30% of students, experiment or are using drugs. The number of drug deaths and arrests may be accurate, but opinion surveys are not as reliable. The IASSD also believe it is important to seek pushers.

During 1971, 95 arrests were made in and around high schools, of these are the following breakdown:

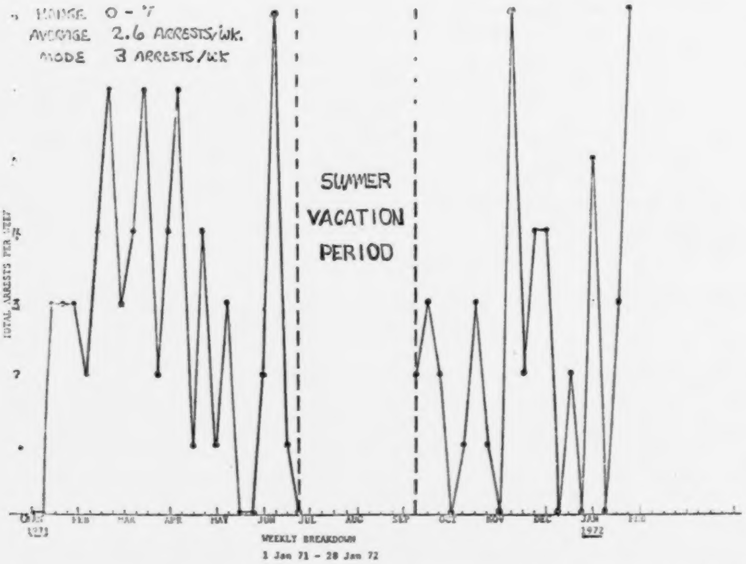
1. 63 Marijuana;
2. 26 Dangerous Drugs;
3. 3 Possession of Hypodermic needle; and
4. 3 Inhalant.

RECOMMENDATIONS

1. The IASSD wrote to President Richard Nixon during August, 1972 recommending that the President and the Congress support the "Secure Schools Act of 1972" sponsored by Congressman Jonathan Bingham of New York. The bill is currently before Congressman Roman C. Pucinski's Committee.
2. Allot one per cent of ESEA funds to school systems for School Security.

Sincerely,

Edward D. Brady,
Director of Personnel Security.



Dr. Redmond. I would draw your attention, in an attempt to help answer Mr. Phillips' earlier question, back to page 9, when I say what I want in each one of our schools and the proposals listed next to the last proposal on page 9, the proposal to provide drug education, teacher-specialists—whether you call that a counselor or what—in each school for one-half day daily, of $2.7 million.

As I have indicated later in the report, we could use $4½ to $5 million wisely a year at this point in time.

I would draw your attention to page 17 in the green pages of our presentation, which are the results to a questionnaire which we distributed throughout the grades of seven through 12. You may review that at your leisure, but I think the outstanding point is the fourth paragraph, "64 percent of the student respondents indicated that some students in their schools are on drugs."

I quite agree with my colleague from the western suburb yesterday, who said, any who think there isn't a problem are ignorant of the situation.

What I have tried to say here is that along with all of the other demands upon the schools—and I am pleased that society still has faith that schools can solve their problems—but with all of the demands upon the schools, there is a continuing underfinancing of the program, total program, to allow us to give the attention that is needed to the problems that face us and society.

What I believe that we can do in Chicago with adequate financing and, in light of our total budget—in light of our total Federal budgeted small money—is a good program of teaching my teachers that the institutions of teacher preparation haven't taught them yet concerning drugs, training them so that they are both aware and overcome the fear through lack of information of handling the problem.

I believe in education about drugs, Representative Pepper, but not making a rehabilitation and treatment center out of every school. We can refer to those established treatment centers.

Now, as I indicated, each of the persons on my staff who are here have been involved deeply in one or another of the facets of this program, and I would be pleased if you have questions. Before you do, I failed to introduce Mr. Gerald Sbarboro, a member of the Chicago Board of Education, who has come out to observe this morning.

Chairman **Pepper**. We are very glad to have Mr. Sbarboro here.

Doctor, Senator Percy has to leave soon. We would like to recognize him first for any questions he would like to direct to you or members of your panel and any statement he would like to make.

We are very glad to have you, Senator.

STATEMENT OF HON. CHARLES H. PERCY, A U.S. SENATOR FROM THE STATE OF ILLINOIS

Senator **Percy**. Mr. Chairman and Congressman Murphy, I think that these hearings are probably among the most significant hearings in my memory of any congressional committee, including any the Senate or House has held in Chicago. They are certainly timely. Our panel this morning, under Dr. Redmond, is very well qualified to give us an insight, a valuable insight, into how we are trying to handle the drug problem here in Chicago.

Drug abuse is just another example of the numerous social problems that have been dumped on the schools, and I just wonder whether education might be subordinate sometimes to undertaking problems which you ordinarily think other institutions in society or the parents might, in the first instance, have taken responsibility for.

The schools have had to assume this burden—it has been imposed upon them since the children are there a certain number of days each week—and unless they deal with this problem, education is going to be frustrated entirely and completely. I think we do have to face up to the dilemma.

My first question would relate to what, in your judgment, the underlying conditions are which you see as contributing to drug abuse among our youth? What is it about our American society, our sense of values, our family relationships, that has caused this great problem among young people? What is it about society that causes them to turn to drugs in the numbers that they have?

Dr. Redmond. I am not going to have anything very interesting to say to that point. I am less of a philosopher and more of an administrator, Senator Percy. I feel that there has been a complete and utter disillusionment of the young generations—in its plural, it is no one group—of what you and I have been taught and learned to believe were standards to live by.

Sure, it can be economic deprivation. There can be all of these other things that we hear about. All I know, Senator, is that the schools who have the children 5½ to 6 hours out of each 24 are the focal point of acting out many of these problems; and, second, is the convenient place, as Mr. Phillips said day before yesterday—not convenient place, but the one place where this large group of society does concentrate and where we must be able to do something about it.

I at times shudder at the additional responsibilities that our society attempts to give to schools and yet I am pleased, as a school administrator, that our society still has that much faith in education.

But perhaps there are philosophers who can answer better, why is our society in such a state, sir.

Senator Percy. In a sense, we all have to be philosophers, I suppose, even legislators.

Your educational program is directed toward helping these young people to recognize that when they turn to drugs, they are turning to something that gives them a great risk of physical and psychological dependence and discomfort. There is also malnutrition and death, and not using scare tactics, but simply educational experience, those facts can be logically presented.

Is this disillusionment with society such that even faced with those alternatives and risks, young people are not able to reason through?

Dr. Redmond. Negative. Negative, but what I have been trying to say is that a corps of teachers nationwide has been developed who are not knowledgeable about drugs. They are less knowledgeable than many of the students who attend the schools, and therefore I have no immediate problem of continuing and expanding this in-service training program so that those young women and men whom you have had before you this week will be more knowledgeable and therefore less fearful of working with the students.

A long-range program in instructing teacher educational institutions, too, but this is a vicious cycle.

Senator Percy. This panel, under Congressman Pepper, and very active and intelligent participation by Congressman Murphy, has elicited testimony from students and from others as to where drugs come from and what particular drugs are used. If it is not redundant—I am sorry, I could not get here at the outset of your comments—could you describe for us the nature of the relationship within the school community, or within particular schools, as it relates to drug distribution? Specifically, what are the popular drugs being used these days? How are they getting into the possession of our schoolchildren?

Dr. Redmond. Mr. Folkers is our expert.

Senator Percy. We would be very delighted to have you rotate and refer any of the questions to your panel. We would appreciate it.

Mr. Folkers. As far as we are able to determine, the drug usage varies to a degree from school to school. Probably the most popular substance used is marihuana. After that are pills of various kinds, both barbiturates and amphetamines.

Senator **Percy**. These are products used by the billions by the adult population to give them a lift, depress them, slow them down, or create a mood. And are they possibly getting them at home out of their own medicine cabinet?

Mr. **Folkers**. They may. It is possible.

Our problem, basically, I think we all are in agreement here, is that polydrug use as opposed to opiate use. Opiate use does exist but not in the density that polydrug use takes place. The treatment of polydrug dependents is significantly more difficult, as I think Dr. Abrams will agree.

Mr. **Phillips**. Excuse me.

One of the things that interested me when Senator Percy put the question to Dr. Redmond is that you referred the question. Did you know the answer to the question?

Dr. **Redmond**. I don't propose that I am an expert in drug abuse any more than I am an expert in many of the disciplines in teaching.

Mr. **Phillips**. All right. Did you know, from the surveys and reports that were being brought to you by your principals that heroin was being used in your schools, cocaine was being used in your schools, amphetamines were being shot up in your schools? Did you know that before the committee came here?

Dr. **Redmond**. I knew this before I heard of this committee, sir.

Mr. **Phillips**. So when Senator Percy put the question to you, you could have answered the question?

Senator **Percy**. With my permission, Mr. Phillips, I have indicated clearly, I accept an answer from any staff member here, unless Dr. Redmond reverses it, as the answer of the Chicago Board of Education. I am not insisting at all that Dr. Redmond know every particular phase of every particular aspect of this.

Mr. **Phillips**. The reason I put the question, Senator, was Mr. Folkers, I believe, has only been on the job about 3 months. Is that correct?

Dr. **Redmond**. Qualify yourself, will you, please, with your previous assignments, sir?

Mr. **Folkers**. I have been in this particular assignment since June 26. Previous to that, I was a guidance counselor at Sullivan High School, and I have been working with the situation for approximately 3 years.

Senator **Percy**. I like you already. I went to Sullivan High School and Junior High School.

Mr. **Folkers**. I know you did, Senator Percy.

Senator **Percy**. I know some of the problems of my own past school. Fine. Go right ahead, please.

I think counsel's question is very pertinent, and I would like you to please discriminate between hard-drug usage and these build-up drugs. Give us some evidence as to how serious you think the hard-drug usage is, and what role the other drugs play in stepping young people up.

Mr. **Folkers**. Well, in response to this, I have to speak from my own insights and my own opinion. I don't really have data to support this.

My feeling about hard-drug usage is, if it is used at all, it constitutes a problem and ought to be dealt with.

My experience tells me that the usage of opiates on a large scale has not yet escalated to that point in the secondary schools.

Senator **Percy**. What system do you have or know of for gathering statistical data to appraise the extent of this problem, and give us hard facts with respect to the excess of drug use generally and hard-drug use specifically?

Dr. **Redmond**. Senator, we specifically don't have that kind of information and this is one of our real problems.

Senator **Percy**. Have you ever asked for funds to back up when you have developed a program so that you can get this information? What is it, lack of money now?

Dr. **Redmond**. One is lack of money and two is that we feel we should be working with other organizations to secure some of this information, too.

Senator **Percy**. Just to give you one last crack at that question, because I think it is a very pertinent question. I would like to state when I was in Vietnam several years ago and went up to I Corps, where Senator Harry Byrd's son was a Marine officer in charge of the brig right below the DMZ, I said to him, "What is the greatest problem you face up here?"

He replied: "Drug use. Our brig is so filled with drug users that we don't have room for any other kind of offenders."

This illustrates how rampant the drug problem was at that time. I went to the highest authority in Saigon and asked what the extent of the problem was. He said, "I don't think it is much of a problem."

Now, I found a tremendous disparity in how much was known out on the line and how much was known up in the front office.

Mr. **Folkers**. This is true.

Senator **Percy**. I don't want to leave the impression that that gap necessarily exists here, also. Is that gap existent because of your lack of information and inadequate resources to go after and get information on a very crucial problem that is destroying young people in Chicago.

Dr. **Redmond**. I think what we are both saying, Senator, we are aware of the problem, but I can't put a figure on its statistical magnitude.

Senator **Percy**. To what extent are outsiders connected with the sale and distribution of drugs in the schools?

Dr. **Redmond**. Bill, what would you say as a program principal in a school that is on the edge of what we identify as inner city, Wells High School?

Dr. **DiLeonarde**. First, I would like to address myself to the previous question, how we might get data.

I have been corresponding with the police, the police department, which is only two blocks from my school.

We meet frequently, in fact, on Thursday one of the persons, police, who works in this area and I were talking about this very problem of hard-drug use. We agreed that hard-drug use, at least in our school and in that area, is not heavy and is not really a major problem for adolescents. It is for older people, however. And we do agree that marihuana is the big problem.

Now, the distribution is not inside the school but in the vicinity of the school and this we know, too, and we have been alerted and are alerting the police whenever we suspect any person who is not from our area or is standing somewhere near a car. This happens frequently.

Chairman PEPPER. Excuse me. We are also very pleased to have one of our distinguished Representatives and colleagues from this State, the Honorable Roman Pucinski join us this morning. Welcome.

Dr. DILEONARDE. May I say the Congressman is a graduate of the Wells High School.

Chairman PEPPER. Very well. You may go ahead, Doctor.

Mr. MURPHY. For the record, I want to make it clear both Mr. Pepper and I have high school degrees, too.

Chairman PEPPER. I don't see anybody here from Camp Hill High School.

Go ahead, Doctor.

Dr. DILEONARDE. Again, as I was saying, the incidents of pushing drugs inside of our school is minimal, but in the area it is present and ever present. In fact, not long ago there was a raid at 864 North Nashville Avenue, two blocks from the school, in which marihuana was confiscated.

But wherever there are youngsters, you are going to find pushers, because these youngsters are susceptible to thrills. They like to think that they can experiment and get away with it. This is why we need drug education.

Senator PERCY. Specifically, on my question, Doctor, to what extent is distribution of drugs in the Chicago schools accomplished by insiders; that is, students; and to what extent is it influenced by outsiders?

Dr. DILEONARDE. I would say the greatest extent is from the outsider. I don't know. I can't give you a figure, say 90 percent or 10 percent, but it is minimal inside the school, but largely outside of the school.

Senator PERCY. What drug or drugs do you feel constitute the greatest threat to the Chicago schools today and the children in them?

Dr. DILEONARDE. I would say all of them; however, at the moment——

Senator PERCY. When you say "all of them," are you including marihuana?

Dr. DILEONARDE. At the moment.

Senator PERCY. Do you consider marihuana a great threat to the school?

Dr. DILEONARDE. Yes, I do; because I don't know enough about it, nor does anyone else, so far as I have been able to discover. There is a great deal of conflict on that and I would rather look upon it suspiciously, or look on any drug suspiciously, when it hasn't been tested, and until we have hard research on it.

Dr. REDMOND. I am wondering if Dr. Irving Abrams, the director of the medical and school health service, wouldn't have some thought on this last question from his point of view as my medical staff expert.

Dr. ABRAMS. Beer and marihuana are the most commonly used drugs. I specifically refer to beer as a drug.

Senator PERCY. What was the first one?

Dr. ABRAMS. Beer. Large quantities of beer are being consumed by young people as far down as 10, 11, 12 years of age. Marihuana is commonly used. If you mean by "hard drugs," heroin——

Senator **Percy**. What proportion of Chicago school students do you suppose use marihuana?

Dr. **Abrams**. Nobody knows. There is no accurate statistics at all, not by the police, not by the health department.

Mr. **Phillips**. You are aware of surveys conducted in the Chicago school system, are you not, by the Columbia University?

Dr. **Abrams**. There are still no accurate statistics. However, the problem is a very serious problem.

Mr. **Phillips**. Are you aware of these statistics? Are you aware of them?

Dr. **Abrams**. I have no regard for any statistics to say the prevalence of drugs because there are no effective studies, including the study you are referring to. So I can't comment on that, except in a general way. But I can give you some information why our children are taking drugs and why they are drinking large quantities of beer.

There is a national depression of youth that goes along with underachievement, material possessions, the peer group pressure, and lack of communication between parents and their adolescents, and fear of parents for their sons and daughters. Fear to control them, and broken families, and lack of jobs, and all of these things are tied together.

Even though you see happiness on the face of an adolescent, if he is taking drugs to any significant degree, he is depressed from a medical standpoint.

Referring specifically to a diagnostic category that I would like to use, medical depression. The child's life is in the school. He makes it or breaks it in the school, not at home and not in the community. He must achieve and if he isn't achieving, he is going to act out or take drugs or do some other antisocial act or self-destructive act. He must have success experiences in large numbers.

Hundreds of thousands of children across the Nation, in the big city public school systems, are not achieving. They are being promoted out of schools without the skills to compete to get a job and hold a job.

You can't talk in terms of fault—everybody is at fault. Society totally is at fault if one could speak of that.

The point I would like to bring out is that the job can be done with money, with boldness, with creative ideas.

Senator **Percy**. Can it be done if you don't know the extent of the problem, though, and solving the problem?

Dr. **Abrams**. We know the extent of the problem.

Senator **Percy**. The first essence of solving the problem is finding out how serious and——

Dr. **Abrams**. Senator Percy, we know the exact extent of the problem and it must not be related in an individual term of drug abuse, because it is tied up with all of the other human hurts. So it does not make any difference whether 50 or 60 or 90 percent are smoking marihuana or taking Seconal, or taking a cough medicine with codeine in it. It does not make any difference. The point is they must achieve. They must be happy. They must have fine balance between frustration and challenge, and this is not available to them because the support of the schools is not there.

Senator **Percy**. Dr. Abrams, lacking statistics, can you give us in quantitative terms the extent of drug abuse as used and practiced in the Chicago schools? Do you look upon it as a very serious problem, a serious problem, one of many problems, or not very serious?

Dr. **Abrams**. Again, nobody knows the answer but in an empirical quantitative way, drug abuse is a serious problem.

Like my colleague here said, heroin has not filtered down from the older-age group into the schools to any significant degree. It will. But the programs that are being proposed by Dr. Redmond and staff, if they are well-financed and boldly executed, can divert the direction that the Nation is taking today. And it is not a good direction.

Senator **Percy**. Dr. Redmond has spoken of perhaps a new relationship that has to be created between teacher and student. He mentioned the professional relationship that exists between a client and doctor, or a client and a lawyer. Could we be quite specific now about how you handle the problems that have been revealed to this panel in a very dramatic way for the last 2 days?

When you have a hard-drug user—let's leave aside marihuana—what is the position of the school? What is the relationship of the teacher who apprehends or has knowledge of the hard-drug use by this child?

Is there any kind of a confidential relationship? Does that student have a chance to speak freely to a person outside of his home, such as the teacher? And then what is the responsibility of that teacher, knowing that the student is breaking the law? What is the relationship between the law enforcement officials of the city and the teacher and the student when knowledge is gained by the teacher of drug abuse by a child?

Dr. **Abrams**. To my understanding, Senator Percy, Dr. Redmond explained that very carefully in this respect. The teacher is obliged to report drug possession and drug use. On the other hand, Dr. Redmond said, to my understanding, that the teacher should have some confidentiality authority, similar to physicians, but he did not say that the teacher should not in all instances report.

So I think my way of saying it would be this: if I were a teacher and I had interviewed—I think I have probably more teenagers acting out on drugs, sexually promiscuous, than perhaps most people in the country, in-depth, 2- or 3-hour interviews per adolescent and a great many of them—if I were a teacher and a child came to me and said, "I will tell you such-and-such if you promise not to tell," I would say, "I want you to trust me. I will use my judgment, whether I will tell your parents. I will obey the law. If the law says I should report to the police, but I will explain that I must use my judgment.

That kid is going to go away, but most of those kids are going to come back, because they are sick. They have a problem and they want to tell it to somebody and they are going to come back if they trust me.

So I think the confidentiality Dr. Redmond is talking about is necessary for the teacher to use judgment.

Senator **Percy**. Could I break at that point and turn to Dr. Redmond now?

Dr. Redmond, as the chief administrator for the Chicago schools and the responsibility for a half million children, are you by law now required to look upon drug abuse as a crime or can you deal with it as an illness, as Dr. Abrams has referred to it, and in which I concur 100 percent.

Dr. Redmond. That specific question put to my law department says that I must treat it as a crime because that is what the law says at this point in time.

Senator Percy. That holds true, also, for marihuana?

Dr. Redmond. Because at this point in time that is listed as such.

Senator Percy. Because it is a crime?

Dr. Redmond. Yes, Senator.

Senator Percy. Then the problem is, obviously, something has happened in the home. It is not just Chicago; it is rampant in the suburbs, too, in what would be considered well-educated families. Other kinds of difficulties have created problems for students, and it is very hard for the parents to moralize to that student and to have credibility with a cigarette in one hand and a martini in the other, which is much more lethal by any medical standard than marihuana would probably be. It is much more dangerous to health and society, particularly in the case of drunken drivers.

You are today required by law and by the authority under which you operate, to treat this as a crime now, even if it is one weed?

Dr. Redmond. The answer is "Yes."

Now, I would like Dr. DiLeonarde, who is a practicing principal, day to day working in this, to answer the same comment.

Senator Percy. Let's get the implication of how the law is carried out. Take, for instance, General Lavelle, who operates under orders he disagrees with, but is going to see that he interprets them as he thinks sensible. How do you implement this law? What do you do when you find a marihuana smoker and know that that child has smoked marihuana? What do you do with the heroin user, hard-drug user, down the road a long ways and far beyond the resources of your school to cope with the problem?

Dr. DiLeonarde. Well, fortunately, I haven't had a hard-drug user, at least that we know of or has been brought to our attention.

Senator Percy. How large is your school?

Dr. DiLeonarde. 1,700.

Senator Percy. Do you have reason to believe there are no hard-drug users in 1,700?

Dr. DiLeonarde. I believe there are some but we have not been able to identify them as such. Neither have police or security people and I or the nurse, who would certainly be involved if this youngster took an overdose. However, we always know there must be one or two, or three, perhaps.

As I said before, our problem is marihuana. If a youngster is actually brought to me as having smoked and has in possession, I have no alternative other than to call his parents for a conference and call the police, as well. Generally they are brought in to me by the police, so that we can't have a parent conference.

Senator Percy. But if the student knows that you must carry out the law and call in the law, call in the police, how can you establish this confidential relationship?

Dr. Redmond. This is the burden.

Dr. DiLeonarde. This is our problem.

Dr. Redmond. This is the burden of our argument, sir.

Senator Percy. What authority exists now for solving your problem? Where do we have to go?

In other words, what if we had authority in Congress to do something about the problem as it affects us? You might recall that I handled the drug abuse program for the President in the Senate. When the committee heard the testimony of David Packard, Deputy Secretary of the Defense Department, he admitted that they gave a dishonorable discharge to a man when they found him as a drug abuser. As a result, the drug user was barred from veterans hospitals, and no arm of society would reach out for him. He was an outcast and reject, a criminal, because he used drugs, used them many times because of a war he detested and felt was immoral.

We were able to get that changed and reversed. Certainly Congressman Pucinski, who has worked very closely with Veterans' Affairs, is cognizant of what can be done by us in this kind of a program. Those veteran doors have been opened now, not closed. We are reversing the dishonorable discharges. We are treating the condition as an illness now, and if the addicts will undertake a voluntary program and rehabilitate themselves, they will get an honorable discharge.

What are we doing now? The Military has done this and it is hard to get them changed many times. What do you have to do to get the authority you are asking for and the present procedures changed?

Dr. Redmond. Two years ago, such a bill was introduced in the Illinois Legislature and died with the session. The State of Maryland has legislation for confidentiality of teachers. I am certain that our route is the State legislature, sir. There is a different relationship between Congress and the State, and Congress and the Defense Department, I would assume.

Senator Percy. I have just a few more minutes remaining and I very much appreciate the indulgence of Congressman Pepper.

I would like to read to you a statement that Dr. Leo E. Hollister made before our Government Operations Committee, and also he repeated it and made it also before the National Commission on Marihuana and Drug Abuse, June 16, 1971, in San Francisco.

He is medical investigator of the VA Hospital in Palo Alto, Calif., associate professor of medicine at Stanford University School of Medicine. Here is his statement:

> And I specifically address myself now to the marihuana problem. This is differentiated from hard drugs. There is no disagreement at any time regarding hard drugs. I still think it is an illness and should be treated as an illness and people should not be sent to jail for it. The worst thing that can happen is to send our children, our friends, our neighbors, and the children of other parents, to jail, to prison, to learn all kinds of things they never possibly would have learned in other than those finishing schools for advanced crime and advanced degradation which we have as prisons today in this country at every level, Federal, State and local.

But dealing with the marihuana problem, he said:

> It is my personal conviction that each of us should have the right to choose to risk danger so long as that choice does not harm others. If marihuana use is a crime, then alcohol use should be. If our goal should be to protect our brothers from all risks which they expose themselves to, we should make skydiving, motorcycling, mountain climbing, and heaven knows what else a crime.
>
> The reason we do not is that the cure, making a fool, if you will, into a

criminal, is worse than indulging his folly. The main fact is that applying the criminal law to the users of drugs has had no discernible effect on drug use but has befouled our system of justice. Whatever we may wish to call the drug user, "lazy," "dropout," "foolish," or "exploited," which is perhaps the most apt adjective, certainly, he is not in a sense a criminal. Therefore, I believe that all criminal laws directed at users of drugs should be removed.

Such a step is not only a practical way to deal with such realities but also compassionate. Already the process toward such change is beginning, but only feebly. We should remove as rapidly as possible any criminal penalties for the use of any drug. Any other crimes committed by the drug user would fall under existing criminal law just as they do for the rest of us.

Senator PERCY. Obviously, I don't accept that statement on its face, Dr. Hollister. He certainly put pushing drugs in the category of a crime, a criminal act, that should be dealt with with the harshest penalties we can impose upon someone who does that to another human life. It is sometimes worse than murder.

But for the user, I wonder if you could comment on the substance of this and whether or not society has a responsibility other than to just throw the problem on the school and say, you handle it and you take care of it.

I see the school system as somewhat powerless at this stage, with the laws we possess, with the resources that are available and other problems that schools have to deal with.

Dr. REDMOND. Going back to the position that we are in, the Canabis Control Act of the State of Illinois, the house bill 738, enacted in the 77th General Assembly, carries a structure of penalty: Possession of less than 2½ grains, 90 days; 2½ to 10 grains possession, 180 days; and it goes on to manufacture.

This is the structure under which we are operating as State law, sir.

Dr. ABRAMS. May I say something, Senator?

Senator PERCY. Yes.

Dr. ABRAMS. There is no question the etiologic factors of harmful drug abuse are medical in nature, whether it is illness in nature dating way back, even under achievement. It is medical in nature if you go back to the cause of the factors. But these factors are tied up with social and welfare factors, too. So you can't really separate them.

I would like to go back to what Dr. Redmond said a few minutes ago to impress on you the need for money, that Dr. Redmond said our teachers, largely, do not have the knowledge to teach and manage and control the many human hurts. You have to go back to the teacher training institutions. There is hardly any medical, psychiatric input into teacher training institutions and that is needed on a heavy basis.

So now the situation is the children are here with all of the problems that are the responsibility of the total community and total Nation. If you want to train teachers in addition—the teachers are doing a good job. They do as good a job as you or I do—how much more can they do? They need a lot more knowledge to do it.

You want drug knowledge, psychiatric training, enough knowledge to handle mental health problems that are rampant in all school systems. You need some more special education money.

In a way, special education. The schools need to be supported heavily and deeply in order to help some of the total community problems.

Senator PERCY. Well, as you know, Doctor, we did put through in record time, 7 months from the day I introduced the bill in the Senate, all the way through the Senate and House and signature by the President, a Special Action Office for Drug Abuse Prevention. About $800 million was authorized in that legislation, which was not originally in the budget.

So we moved, I think, in the Congress with great dispatch. Now, I think it is a very good thing to determine how long it will take for these funds to be of help to you. Dr. Jaffe, Director of the Special Action Office, is certainly familiar with Illinois. He came from Illinois. I hope that Office is going to provide a great deal of assistance.

Dr. REDMOND. I do, too.

Senator PERCY. Mr. Chairman, I have just a 2-minute statement I can just put in the record or give.

Chairman PEPPER. Go ahead, Senator.

Senator PERCY. I think these hearings, as I said at the outset, have been terribly important and I am very sympathetic with the problems the schools have in dealing with this drug problem, and we want to provide all of the help and assistance that we possibly can.

I think as a result of the hearings, we are going to move up into even higher priority the problem we are coping with.

I have a feeling about how society is dealing with the problem and I don't think it is unfair to say, although our experience with drug usage is of relatively recent vintage, the problem has persisted and festered in the heart of the ghettos of Chicago for decades.

We wonder always why crime is so heavy among minority groups and yet we now see a wave of crime running through the suburbs. Was the difference of color or cultural background? It was heavy drug usage which today we know accounts for half of the street crime in major cities. But it was major drug usage for decades not dealt with, not even talked about. No funds appropriated for it. No offices set up. No school counseling provided until it touched the suburbs.

Then we suddenly became aware of the problem and society almost got religious over night. I would say the minority communities are very critical about this. They are critical of the attitude of society today. Suddenly it discovered a drug problem they have been living with for years and years and years.

If drug education is to be effective in involving and educating the public at large and perhaps even changing some ingrained social attitudes which are likely to be encrusted with layers of myths and misinformation, there is a great deal that has to be brought out.

The youth of today, not only in Chicago but across the country, just doesn't believe some of the nonsense that has been told to them and to the society at large in recent times regarding drugs. Much of the information has proven really outdated and sometimes even wrong.

I think we need to be credible in what we tell our youth, and I think the essence of the programs outlined today is a recognition of the necessity you feel for credible, hard facts that need to be given to young people.

Although we lack a great deal of information, we need to provide them with the best available knowledge we have on the subject, not what we want them to hear or what we think is good for them to hear. Students today are going to respond to hard facts and knowledge and not just emotional appeals.

The relationship that exists between some chamber of commerce sets and PTA sets and country club sets on the one hand, and increasing large percentage of young people who regretfully are experimenting with drugs on the other hand, clearly points up the gap that exists in communications between parents and students today. It is that gap which results in dumping this problem on our schools.

There is no need to whisper about the drug addict and users in our schools or city, nor to hide the fact that we have them. I think relatively little is to be gained by treating them as criminals when they are only users, or by throwing them in jail when their real need is to be cared for, to be treated, and to be rehabilitated.

These are our children and our neighbor's children and too many of them are lost and need a helping hand. They need care and they need advice. Their only crime in many instances is that they are very ill-informed and are ill. They are really sick in many respects.

The fault for that is not entirely their own. Many times it is attributable to the society of which we are only a part.

So I hope the challenges you have thrown to us today and that have been advanced by all of these hearings will open up our perspective, will cause us to rethink this problem which is gaining in horrendous proportions, not just in the cities but very rapidly in the suburbs. I commend this distinguished panel for holding these hearings. I am only sorry that because we were in session in the Senate until late yesterday afternoon, and I had unbreakable dates downstate again this noon, I could not stay longer or be here earlier.

But I certainly commend Congressman Pepper for his participation, and I do want to note that there is no Member of Congress to which this city owes more in its nutritional feeding programs than Congressman Pepper. We have been working together on this, the Senate and House, for a long time now. What we have done in nutrition feeding for the aged is a remarkable thing and when a man at this stage in his career starts all over again with a whole new problem now involving our young people, we certainly welcome him to our city and to our State and commend him. Congressman Murphy is also to be commended for his brilliant contributions to public understanding of this situation.

I am grateful to channel 11 for their willingness to devote so much time to these hearings, to educate and inform the public regarding the problem of drug abuse.

Many aspects of the problem still escape me. It is apparent we don't fully understand it at the school level, and certainly the police departments don't have enough information. We don't have enough knowledge in Congress either. But whatever knowledge we possess must be shared with the general public and that is why these public hearings, I think, are of such great benefit to our community.

Chairman **Pepper**. We thank you very much, Senator, for your coming here today with us, and the valuable contribution you have made to our committee and all of the very fine things you said.

I mentioned we were also fortunate to have one of our distinguished colleagues from the House. He is the chairman of the Education Committee, Subcommittee of the House Education and Labor Committee. He has long made his distinguished contribution to the field of education.

So it is particularly pertinent to his background and experience that we should hear what he has to say.

Mr. Pucinski, we invite you to ask any questions you like, or make any statement you would like.

STATEMENT OF ROMAN C. PUCINSKI, A U.S. REPRESENTATIVE FROM THE STATE OF ILLINOIS

Mr. **Pucinski.** Thank you very much, Mr. Chairman.

I have a prepared statement for the committee, but I do want to take advantage now of the presence of this very distinguished panel of educators, the superintendent of schools, his associates, members of the school board, Jerry Sbarboro, and Art Lehne, who has done such a good job in providing liaison between the Chicago schools and the Federal agencies.

Mr. Chairman, I would like to pursue the line of testimony that Dr. Abrams developed. We have heard a very fine statement. We have heard a lot of statements here about the nature of the problem, but I think that Dr. Abrams has really put his finger on it.

We are talking about legalizing marihuana. I am not too sure if the Senator's suggestions were to be pursued and we did legalize marihuana for users, that it would in any way help reduce the problem. If anything, I think it would substantially increase it.

I would rather pursue the line of questioning that Dr. Abrams raised. Why does a child feel the need for marihuana? Why does a child feel the need for excessive beer? I think that Dr. Abrams had listed a whole series of causes. Youngsters in our school today are under severely more pressures than they were a generation ago.

As chairman of the House Subcommittee on General Education, we have made extensive studies on the problem of drug traffic in our public schools and the causes of that drug traffic.

I must tell you, Mr. Chairman, that I am sick and tired of people saying we need more studies. I am tired of hearing people like the director of the Illinois Drug Abuse Program sit right here the other day and say to this committee that we have to do another series of studies before we can even begin to initiate drug education programs in Illinois.

And the good Senator suggesting that we don't know anything about the problem, that we need more studies.

Jim Redmond knows more about that problem right now than anybody in this country because he is the superintendent of one of the biggest school systems in the country.

I believe one of the great problems is the lack of money, as you have said, Jim.

How many counselors do you have in your public school system?

Dr. **Redmond.** It varies from school to school, depending upon size.

Chairman **Pepper.** You mean drug counselors?

Mr. **Pucinski.** No. The child who has any of the symptoms that Dr. Abrams has so eloquently presented here, the modern high school student, growing up in all sorts of pressures, pressures at home, pressures in the community, pressures in school, because the curriculum, itself, is a good deal more complicated than it was a generation ago—where does this youngster who has a great deal of pressures on him or her go today to seek relief?

I have always felt that counselors would serve that purpose if a youngster could get to a counselor. How many counselors do you have?

Dr. **Redmond.** Approximately 225 at the secondary level and 56——

Mr. **Pucinski.** For how many schools?

Dr. **Redmond.** Fifty-six types of schools. About 212 elementary school adjustment teachers throughout the 500-plus elementary schools.

Mr. **Pucinski.** What are the prospects of that youngster talking to somebody in that school system to give him some professional help and guidance? What are the prospects? What are the odds? What is the average student load of your average counselor in the average high school?

Dr. **Redmond.** A little under 400; 400 per counselor.

Mr. **Pucinski.** One counseler for 400 students?

Dr. **Redmond.** That is right.

Mr. **Pucinski.** Jim, could you tell us, or perhaps Dr. Abrams might want to elaborate on this, what are the prospects of this youngster to avoid all of these opiates that merely satisfy the emotional turmoil? What alternative does that youngster have in our school system; if any?

Dr. **Redmond.** I would like Dr. Abrams to talk first to the practical side, and then I want to talk to the budget side, which you know so well.

Dr. **Abrams.** The boy and girl do indeed go to the counselor. However, the peer group pressure is far greater than parental influence in antisocial acts.

How do you change the peer group direction? Well, this is a tremendous social welfare situation all over the country. Somehow or other there has to be programs directed at parents to restore authority to the home, integrity to the home, and unity to the home, if it isn't there now.

Mr. **Pucinski.** Dr. Abrams, I agree with you. It would take wholesale restructuring of our society. How can we get the kind of professional help youngsters need to avoid turning to drugs, turning to alcohol?

Dr. **Abrams.** I agree you don't have to change the whole country. I believe Mr. Phillips said that yesterday morning.

As far as the schools are concerned, proposals are made up. I would add to that some very knowledgeable psychiatrists and pediatricians as resource people, through educators.

Mr. **Pucinski.** Do you have any in the school system now?

Dr. **Abrams.** After that, a powerful, adequate program of health, education, and welfare directed to parents, the front pages of the newspapers once a week, radio, TV, and distribution, 3-minute speeches.

For example, we would start off with Dr. Redmond—what the schools mean to you, what they should mean to you, and your responsibility to the schools, and headline that article on the front pages free.

Mr. **Pucinski.** Wait a minute. These are the same old ways we are talking about.

Dr. **Abrams.** I know. They are practical.

Mr. **Pucinski.** I want to find out specifically about a child in trouble, a youngster who has any one of the problems that you have described here, the emotional problems, that ultimately lead to this youngster trying marihuana, or trying some other drug, or trying speed, or going on a beer binge. This youngster obviously is looking for relief. He is under great pressures, he needs help.

For whatever the reasons, he can't get it from his home.

Dr. **Abrams.** He needs more than the counselor.

Mr. **Pucinski.** I was leading up to that. This youngster is a child who desperately needs help, and in most instances, from my experience on my committee and the testimony and extensive studies, the child is desperately groping for that help, like a drowning person looking for a lifesaver, and this child has no one to turn to.

What facilities do we have? We will get to Jim Redmond to tell us what it will cost. What facilities do we have now to provide that help for that child?

Dr. **Redmond.** Representative, Mr. Folkers, until 3 months ago, was one of those people in one of our high schools. He identified himself before you came in.

Would you answer, as a counselor at Sullivan High School, what problems you had and how you worked with it?

Mr. **Folkers.** Theoretically, the process is supposed to work this way: That every student is assigned a counselor in high school. He retains that same counselor during the entire 4 years that he is in high school.

During that period of time the counselor is available to him whenever he is needed.

Mr. **Pucinski.** At that point, I'd like to ask about the No. 1 complaint I have had before my committee. I wonder if it has been borne out by your experience.

If that youngster needs assistance, has a problem, has a question, what are the prospects of that youngster getting to that counselor without waiting for hours, days, or weeks?

Mr. **Folkers.** This is a difficult problem for both the student and the counselor and it has a number of facets to it. The first facet has to do, I think, with the pupil-counselor ratio, and the multitude of duties and the counselors are expected to execute in addition to talking to students.

Mr. **Pucinski.** Do you find any correlation between the incidents of drug addiction and drug use in your school, and the pupil-counselor ratio?

Mr. **Folkers.** Well, no. Let me duck that for a couple of minutes, talking about another aspect of this that I think——

Mr. **Pucinski.** You will come back to this?

Mr. **Folkers.** Yes, I will.

The counselors have many tasks other than dealing with students and listening to them, either individually or in groups. Counselors, therefore, have the duty and the responsibility to structure their time as productively as they feel they are able.

Now, I can only speak for the way in which I personally operated. The way I operated, personally, was this: When the students came to Sullivan as freshmen, I tried very hard to get to all of my freshmen groups, introduce myself, explain my function, and invite them to come to me whenever possible, or whenever they felt they wanted to.

In addition to that, I tried very hard to interview everyone of them individually during the course of the first year.

Now, I put it out to all other students within my counseling group that I was available to them whenever they needed me. If they could not get to me in the office because of waiting, and so forth, if they would write a note and leave it in my mailbox I would send them an appointment slip and bring them in. So I made myself available as I knew how to do it.

But, the other facet of the problem, which is very important, is that despite my, I think sincere and conscientious effort in trying to be available to students, students in many instances do not choose to go to a counselor with a problem.

They feel that the counselor is too old, irrespective of the age of the counselor, that the counselor is part of the establishment, and they have a feeling that if they talked about a drug problem that the counselor would of necessity have to report that directly to the principal.

So we have two problems here, I am trying to indicate. One is we certainly need more counselors so that we would work with smaller groups, but there is also the problem or bridging the gap between the counselor and the students.

Mr. PUCINSKI. Do any of you counselors have drug education so they can identify the symptoms of the drug problem in the youngster, even if the youngster does not voluntarily admit the fact he has a drug problem?

Mr. FOLKERS. It is very difficult to identify the symptoms, Representative. Let me illustrate it by this experience, if I may.

A student over a year ago came to me and said to me, as follows: What would you do if a friend of yours was having LSD flashbacks? I said to the student, I would do exactly what you did, I would come and tell me. She told me who the student was. I went up to the classroom and requested the student.

Now, if I had not known that something was going on there—and I have had some training—I would not have known that this is what the problem was.

Now, this raises a whole serious range of difficulties relating to how can a teacher dare suspect that a student is involved in drugs. Even if there are cases of intoxication, very frequently they come up with an explanation—it was a medical reaction, or something—and it is extremely difficult, and I think Dr. Abrams will bear me out in this, for anyone to diagnose on the spot what the particular ingestion is. You know, you know something is wrong with the individual, but it is very difficult to know specifically what it is that he may have taken, unless he tells you.

Mr. PUCINSKI. What would it cost, in your judgment, to establish in your school system the kind of counselor corps trained people that would have the rapport with young people?

Dr. REDMOND. One of the points I wanted to make, Congressman, we listed before you came in proposals that are already for submission, hopefully that there are moneys to finance them, totaling $3.4 million, for these four items:

One would be to send 200 teachers per year for 4 years to the Central States Institute of Addiction Programs; second, to provide inservice training money out in the individual 27 districts; and third, the heart of it, for $2.7 million, a proposal to provide drug education teacher specialists in each school as a start, for one-half day each—

$2.7 million; and then a proposal for 30 area consultant specialists, for $20,000; totaling $3.264 million.

Mr. **Pucinski.** What is the sum total?

Dr. **Redmond.** $3.264 million.

Mr. **Pucinski.** You can do all of that for $3 million?

Dr. **Redmond.** At the beginning. I further said we would wisely use annually $4.5 to $5 million on an ongoing basis.

Let me shock you. You are aware of it. I believe Representative Murphy would be, too. We are talking about the adequacy of our counseling staff. Last February, in adopting the budget [illegible] this year's school, where we were at that point in time some $98 million lacking, being able to balance, we had to cut counseling services, not out of ignorance, knowing what we were doing, but we cut 75 counselors out of the whole total system, among 1,035 total job eliminations.

Mr. **Pucinski.** You know, the tragedy is that we have listened to 2 days of testimony and we have seen the big headlines about the problem, but I don't think you are going to find in the headlines the fact you had to actually cut 75 counselors. You won't find any headlines about the fact that the average counselor has 400 youngsters to deal with.

We have listened to testimony here and it was, at times, shocking the last 2 days. But when we get down to the business of how do we address ourselves to this problem, what do we do to deal with it, what do we do to give parents that are concerned about their children some assistance, that is where it becomes a dull operation. And until we get the people of this country incensed about that aspect of the problem, you are going to continue seeing youngsters destroyed by marijuana and other drugs.

Is that a fair statement, Jim?

Dr. **Redmond.** It is, sir. And let me go further. Chairman Pepper, it may not be the specific mission of your committee, but it is tied to it. As I sit here and talk with you now about one facet of a horrible problem, my board of education, I, and the city are faced with the possibility of having to close schools in December of this year, for lack of money.

Now, I am not trying to say that money is the solution to all of our problems, but we would like to try money one of these times to solve it.

Mr. **Pucinski.** Let me show you the problem we have: As you know, I am the sponsor of the Juvenile Delinquency Prevention Act which passed the Congress and was signed by the President. We authorized $75 million for preventive work—preventive work—in high schools. This money is earmarked specifically for the very program that you outlined here a moment ago. That $3.2 million could come out of this program and get you started on an effective program of prevention.

It provides counselors, training counselors. Yet the administrators have only asked for $10 million.

Now we hear there is a great concern about the problem of drug addiction in our high schools. Yes, sir; when we have a program that is designed to deal with that problem, and to give you specific assistance to deal with the problem, out of a $75 million authorization, the administration requests only $10 million appropriation.

Now, it seems to me, Chairman Pepper, that your committee's hearings can perhaps play a key role in seeing to it that the Juvenile Delinquency Prevention Act is fully funded so that when a fellow like Jim Redmond comes before the agencies and asks for $3.2 million he has a fighting chance of getting it.

This is the answer to the drug problem, not more studies. We know the extent of the problem. Is that a fair statement, Dr. Redmond?

Dr. REDMOND. Yes, sir. And, Representative Pucinski, we pointed out, again, before you came in, since February 1970 we have submitted proposals totaling $5.8 million that have not been funded.

Mr. PUCINSKI. How much money are you getting out of the Safe Streets Act, if any?

Dr. REDMOND. I can't remember; relatively little.

Mr. PUCINSKI. I am not surprised you are getting very little, because Illinois is No. 48 in the rank of Federal allocations of this money.

The fact of the matter is, if we can get money out of a Safe Streets Act, if we can get money out of the Juvenile Delinquency Prevention Act, do you believe you can train counselors quickly enough to make some significant impact on reducing this problem?

Dr. REDMOND. Mr. Pucinski, it isn't a question of can we train them quickly enough. It is already too late. We have got to get going on it.

Mr. PUCINSKI. Last year I was successful in getting for you, I think $75,000 for a course for our high school teachers. We trained at least one high school teacher in every high school to have some professional knowledge about the problem of addiction. How has that worked out?

Dr. REDMOND. Dr. Sullivan is handing me the evaluation report that was submitted to our board last Wednesday.

Would you briefly review it?

Dr. SULLIVAN. Yes.

This was a very effective program and it began in the summer of 1971 with the training of teachers and we had 75 teachers who attended the Central States Institute for Drug Addiction and they received university credits from DePaul University.

Mr. PUCINSKI. How many?

Dr. SULLIVAN. Seventy-five. And we had one teacher, at least, from each high school, and we had a couple of instances where we had upper grade center and vocational guidance center teachers attending.

They had an intensive training session with experts and we estimated that it took 120 hours to do the job. They came out with expertise to go back in their schools as consultants to the principals and staff as a knowledgeable person who could talk to each teacher about the kind of problems the drug-addicted youngster has, the problems of drug addiction, and tell them the facts as they really are and not the rumors and misconceptions that would only lead to people losing faith in teachers.

We submitted to the board on September 13 the evaluation of that program, and we have ready now the next draft of a resubmission for 4 years, asking for additional funding under that program.

Mr. PUCINSKI. I am very happy to hear the program has been working out very well. But you only have one teacher now; you are looking for more?

Dr. SULLIVAN. That is right. And this design is for 4 years.

Mr. PUCINSKI. What program do you have for training your counselors, specifically, in drug education? Do you have a proposal for that?

Dr. SULLIVAN. The counselors can be the people who are nominated by the principals to come into this program. We also have the other proposals that Dr. Redmond has referred to, and they differ from this one. The one Dr. Redmond referred to for $2 million-plus is to put somebody in each school with this expertise as a full-time person. And in the high schools where you need more people, we would have a proportionate assignment.

Mr. Folkers can talk to the details of that proposal.

Mr. PUCINSKI. Dr. Abrams, do you have any suggestions, or perhaps Superintendent Redmond, maybe you do? What do you think, in your judgment, would be an acceptable student-counselor ratio to address ourselves to the emotional problems that you have described. Dr. Abrams?

Dr. ABRAMS. It is obvious that if a boy or girl is in trouble and goes to the counselor and the counselor has 400 pupils, it is obvious that if a psychiatrist can't do it in days or months and not even sometimes in years, how can a counselor do it when the problem isn't only the boy or girl's problem?

It is the family, it is social; in every classroom there is a social situation today and that is why a school has to extend itself into the community.

Mr. PUCINSKI. Do you have a recommended ratio, student-counselor ratio?

Dr. ABRAMS. Nobody can have that accurately, because the health needs are changing, the welfare needs and educational needs are changing constantly.

Mr. PHILLIPS. How can you plan if you don't have some idea of objective? You have been asked twice to give a ratio that would be better than the one you have now—based on logic—and both times you said you can't do it.

Dr. ABRAMS. From an educational standpoint, maybe someone can answer, but from a medical standpoint, any ratio between psychiatrist and boy or girl, and counselor and boy or girl, is utterly ridiculous.

Mr. PUCINSKI. Doctor, if I can get some figure from you. I was going to ask Dr. Redmond if we could get a dollar figure?

We know what the problem is and I certainly don't agree with Senator Percy when he says that we don't understand the problem, the police don't understand the problem. We know what the problem is. What I am trying to get now is some idea of what kind of dollars and cents——

Dr. ABRAMS. One brief statement, Congressman, before you give it to Dr. Redmond. We all know the problem.

Mr. PUCINSKI. Certainly.

Dr. ABRAMS. There is nothing to understanding the problem. We understand it thoroughly, just like you do. I would say with $250,000 of medical money, we can back up everything that Dr. Redmond is saying here—medically backing it up.

Mr. PUCINSKI. $250,000?

Dr. ABRAMS. As far as Dr. Redmond's stuff is concerned, that is his.

Mr. **Pucinski.** $250,000 more and you can make a real significant contribution?

Dr. **Abrams.** We can back up as counselors and teachers in the schools, medically.

Mr. **Pucinski.** Why in God's name can't we give you that? What is your total budget, Doctor, $498 million?

Dr. **Redmond.** That is a few years ago. Almost $600 million.

Dr. **Abrams.** I am talking about particularly their drug abuse thing. After all, we are just entering into it.

Mr. **Pucinski.** Doctor, are we saying here—and I am really impressed with the fact it is a low figure—are we saying for $250,000 more to your department that we could start addressing ourselves to this problem?

Dr. **Abrams.** We could back up his counselors, help his teacher training, and act as resource and consultant people in a very effective way.

Mr. **Pucinski.** You talk to me tomorrow. If I can't find you $250,000 in one of the Federal agencies, something is wrong with the whole Government.

Dr. **Redmond.** Where have you been all of the time in the past? You have been helping us a lot. But I want to get back to you again.

Let me tell you the answer to your question. Our goal, our working goal and effective goal, is a ratio of 200 students to a counselor.

Mr. **Pucinski.** 200?

Dr. **Redmond.** 200 to 1.

Mr. **Pucinski.** Half of what you have now?

Dr. **Redmond** That is right. Supplemented by this proposal for a drug education teacher specialist, and I don't care what name you call him—Mr. Phillips and I spoke to that earlier—in at least each of the schools.

Now, I have almost lost the continuity, we have almost lost the continuity, but I wanted to add one significant statement to what Mr. Folkers said earlier about the relationship of students to counselor or to adult.

In our survey the youngsters said to this kind of a question, "If such a program were begun, who would you think would be the most helpful in these presentations," and that referred to working relationships with the youngsters. School staff, 10 percent of the youngsters; outside resources, 23 percent of the youngsters; and a combination of both, 65 percent.

What does that mean to me? It means that it reinforces our proposal that it is just not the everyday staff person who can help solve this problem. We have to identify a person or move the identity away from the daily classroom contact-type of person whom they call "staff."

I am sorry to bring that back, but this is important to our basic proposal.

Mr. **Pucinski.** Well, now, what do you suppose it would cost in terms of dollars and cents?

Dr. **Redmond.** If I had known we were going to talk about this I would have brought my whole program budget which is spelled out in detail.

Mr. **Pucinski.** Let me ask you the question a different way, then: What has the President's veto of the education appropriation done to you in terms of moving these programs forward?

Dr. **Redmond.** Representative Pucinski, we have so long been trying to operate a school system without adequate financing that it is hard to specifically say what happened because of that one particular bill.

What worries me even more than that is that all of the proposals that I see coming through Congress now and the great emphasis upon revenue sharing and mistakenly some of the witnesses yesterday misidentified revenue sharing, but we are being led, or especially the public is being led, to believe that the concept of revenue sharing with the return to the municipality and the State of considerable sums of money would be helpful to all of the local municipalities and all of the local institutions.

There is no provision for education in any of these proposals and it frightens us and we have been trying to be heard and it is like crying in the wilderness.

Mr. **Pucinski.** You are being heard now because the distinguished Congressman from Florida today brought his committee here and I want to point out at this time, Mr. Chairman, I am very pleased that my colleague, Morgan Murphy, is here. I know of no single individual that has made a greater contribution toward emphasizing the extent of this problem than our colleague from Chicago, Congressman Murphy.

It wasn't until he was the coauthor of the report that he made of a very intensive study of this whole problem that a lot of factors began moving, including the administration, with the appointment of Dr. Jaffe as the coordinator and all of these other agencies.

It seems to me, then, Dr. Redmond, on the basis of your testimony—and I appreciate Congressman Pepper giving me this opportunity because as chairman of the House General Education Subcommittee there is a close relationship between the work of my committee and the work of Congressman Pepper's committee. But I am convinced, after listening to this panel, that the answer is in providing these youngsters with some alternative to the need for drugs.

They turn to drugs not because they want to, they turn to marihuana and beer not because they want to, but because they are under very severe intense pressures and there are no alternatives.

I was impressed with Dr. Abrams' statement and I assure you, Dr. Abrams, Monday we are going to start looking for that $250,000 that you need, because I just refuse to believe that we can't find that kind of money.

Dr. **Redmond.** I think $3.5 million. Understand what he said, he needed that to back up this. So put them both together.

Mr. **Pucinski.** It is quite obvious, Congressman Pepper, from testimony here, there is a school district on the verge of bankruptcy. We are talking about more counselors, more psychiatric aides, we are talking about teachers skilled in drug abuse, when we can't even keep schools open.

So I might point out to you, Dr. Redmond, that we are starting hearings Tuesday in Washington on a general aid bill. It seems to me you are not going to address yourselves to this problem until we give you the financial resources. We can have all of the spectacular testimony we want here, as we have had for the last 2 days. These committee hearings will come and go and the problem is going to continue to grow and grow and grow, until we as Americans address ourselves to the solution.

It seems to me the solution is to give you the financial resources to hire counselors, hire psychiatric aides, hire experts in drug abuse, provide the kind of services to these children that they need, that they can't get any place else, and then maybe the parents of our communities can hopefully say "My child has a chance."

Is that a fair statement, Dr. Redmond?

Dr. **Redmond**. This is an excellent statement and it is the voice we have been working with and you, in your chairmanship, through the years, attempting to convince the Congress that there is a Federal responsibility for general aid to the American public school system.

Not just for crises financing of special ills, great as they are. As the Congressman pointed out, specifically I am looking for $32.6 million to keep our school system open until the Christmas break. Our fiscal year is January to December 31.

As I look into the 1973 fiscal year we are starting a year with no resources and only to maintain the inadequate program that we have right now is some place between $55 and $60 million short.

I apologize for introducing this, because it is really a side issue, but it is germane to the total issue.

Mr. **Pucinski**. I might thank the panel and Congressman Pepper. I will be very happy to make my statement later on, but I did want to get the benefit of the testimony here because there is no question in my mind, we have got to bite the bullet. It is going to cost money. If you want your children protected, you are going to have to recognize the fact you can't run the school system the way we are running it now.

Chairman **Pepper**. Mr. Pucinski, would you like to make the direct statement now, the concluding statement?

Mr. **Pucinski**. If you don't mind, Mr. Chairman.

As the chairman of the House Subcommittee on General Education I came here today because, like a lot of other people, I am angry.

I think a lot of people are angry. I've listened to the testimony which has been presented to this committee so far in these hearings with great interest and I believe it has been helpful and sincere.

There is no doubt in my mind that we must do all of the things which have been proposed to you if we are to work with our people—young people and adults—who are suffering from drug abuses of all kinds.

It is clear we need more resources for prevention, and we need them both in the community and in the schools. As Dr. Redmond pointed out, we need more people trained to deal with the realities of the drug scene and we need new kinds of drug education. We need treatment and rehabilitation facilities all over the country so that people who need help and want help have some place to go to find it. All of these things, in my judgment, are important and these hearings today prove it.

But I want to say something today about what I feel most deeply about as a person. I have had personal contact within my circle of family and friends with the drug problem, and I want to say to the Congress and to the people that what we must do is not collect statistics about how many of our young have tried or actively use drugs.

What we must do is not say, "The drug scene is horrible"—we know it is horrible. We have witnessed 2 days of testimony here and we know how horrible it is. "The drug scene is a nightmare" and then go on to conclude, as has been suggested, there really isn't anything we can do about it.

This is what is wrong with America, in my judgment. We have problems, as Dr. Redmond has spelled out here, and they are tough problems. But Heavens, I am simply not willing to stand by and watch us waste a whole generation of our kids just because the drug problem is tough.

I am tired of hearing people like the director of the Illinois Drug Abuse Program sit right here the other day and say to this committee that we have to do studies before we can even begin to initiate drug education programs in Illinois.

We know—all of us know—that when our country decides that it is going to do something, or going to lick a problem, we really go out and do it. Well, I think that enough families have suffered. I think enough young lives have been broken or lost for all time. We've had enough of this.

We have got to attack the problem of drugs just like we have every other major affliction in our society. Just like we have the dread diseases, just like we have all the technical barriers to mass production and national affluence. We've done it in the past; we can do it today.

I want to see us come down on the organized drug businessman like a ton of bricks. That is what you have to do. Talk about legalizing marihuana for the users and all of that, that is just going to compound your problem. I think what we ought to do is some down on the drug businessman. I want to see the toughest law enforcement that we can muster descend on him with a vengeance. These men are bleeding us to death and our response should be absolutely merciless.

And I am not talking about another marihuana raid where a party is in progress. I am talking about starting at the top with the hard drugs and working down. I refuse to believe that we can't stop the traffic in hard drugs.

Congressman Morgan Murphy spelled out where this traffic is coming from in his report. We have passed legislation. This program is starting to take shape. And I think he has made a fantastic contribution in tracing how these drugs get into our country. I refuse to believe that we can't shut off our borders and shut down the suppliers.

I think that the average American in this country refuses to believe that we can't do that. We can do anything we want to, if we really want to.

The men who are making a living on the miseries of our people would like nothing better than for us to spend all our time worrying about marihuana, because each time we crack down on the supply of marihuana and pills, the drug businessmen—the pushers—the smugglers—the big-timers—they have a big, beautiful brand new market for cocaine, for morphine, for heroin.

And Dr. Abrams said while the hard drugs have not yet fully hit our schools in full force, there is evidence they are starting to move down in our schools.

I am telling you that I want our agencies of law enforcement to land on these men so hard that they won't dare to come out of their holes long enough to make a buy or sell a fix.

Once we dry up these men we have a fighting chance to keep our kids from graduating from speed or LSD to a way of life from which there may be no escape.

Let's do all the preventive things we know to do; let's train people right to deal with users; let's place a spending priority on treatment facilities, as Dr. Redmond has proposed. Let's do all these things, and more.

But I beg this committee to join me in urging Congress to attack this problem with whatever it takes to win, so that jails are crowded with drug pushers, so the supply is dried up, so there is no longer a profit to be made on the streets and in the schools of America on the destruction of a generation of machinists, teachers, doctors, ironworkers, and all of the other things these young Americans can grow up to be.

As the chairman of the General Education Subcommittee of the House of Representatives and as a member of the Advisory Board of the National Council on Drug Abuse, I want to see an end to the exploitation of the emotional needs of our young by these people. Our young people have deep and serious problems now and they need our help, professional help, every bit that we can give; the families and the schools both have a role to play in this and they have to work together. I would like to see a "counselor corps," as proposed by Dr. Redmond here, established in each school to help these youngsters.

Finally, I believe very strongly, Mr. Chairman, that the families, the schools, the lawmakers, and the law enforcers cannot succeed unless the courts see very clearly that they have a responsibility to protect society as well as the pusher.

Judges who rule in ways which allow pushers to be back on the streets before the ink dries on the police blotter must share the blame for the loss of life through overdoses, and the loss of futures through dependency on drugs.

Maybe it is time we began to keep track of judicial records in such cases and begin to hold our judges accountable. These judges are elected. They are accountable to the people for the administration of our laws and the achievement of genuine social justice and protection of human rights.

Yes, Mr. Chairman, I am angry. I imagine that many, many people who have viewed your hearings in the last few days, and are viewing them today, are just as angry as I am. We have a very angry society because, obviously, we have not been able to deal with this problem. Things that are obvious to all of us need to be done, and I say they can be done.

I am so pleased to be here today to join this committee. My committee will join you in seeing that we try to get these school administrators the tools they need to fill these emotional gaps that Dr. Abrams is talking about.

If we do that I think we can make a very significant contribution in dealing with this problem of mounting drug abuse in our high schools.

Chairman PEPPER. Mr. Pucinski, the committee wishes, in the warmest way, to thank you for your participation here today and the very valuable contribution you have made for proposed solution to this problem, and the very able expressions you have made here.

Before we take a recess, and fearful you might have to leave, I do want to ask, Doctor, how much money have you received, under the elementary and secondary educational program that Congress has passed, in the last 2 or 3 years?

Dr. **Redmond.** In the neighborhood of $30 to $35 million per year under ESEA.

Chairman **Pepper.** I was particularly pleased to hear our distinguished colleague, who has done so much for the field of education, as he has chaired the Subcommittee on General Education of the House Education and Labor Committee, and his committee, in my opinion, will be the one to which we will have to look primarily for the kind of aid you have indicated here today that you need.

I feel what we need to do is add another title or section to the Elementary Education Act to provide funds for the prevention—and I want to include, Doctor, proper treatment and rehabilitation programs—in the schools of the country.

It seems to me that you have a great opportunity, and I know you are anxious to take advantage of it, to initiate such assistance through the schools. We appreciate your cooperation. We want to cooperate with you. Mr. Pucinski has a legislative committee. We are an investigating committee trying to emphasize what the facts are and come up with recommendations.

Mr. **Pucinski.** Would the Chairman yield?

Chairman **Pepper.** We will go before your committee next Tuesday and assist you in every way we possibly can.

Mr. **Pucinski.** If the chairman will yield? The problem we have, and Dr. Redmond knows this, and Art Lehne, who follows this legislation very closely as the legislative liaison between the school board and the Federal agency knows, is the tragedy of America in 1972 is that we have the programs. We have the laws. They are all authorized. We have $75 million authorized right now in the juvenile delinquency prevention program. That money is authorized. But our problem is getting the Bureau of the Budget to rearrange its priorities in such a way as to recommend to the Appropriations Committees full funding of title I.

Now, Dr. Redmond told you that he got $35 million for title I. This is money that is appropriated to provide compensatory education to disadvantaged children. We have some 185,000 of those youngsters in our public school system in Chicago. But that $35 million only constitutes about 20 percent of what he should be getting if title I was fully funded.

Now, that $3.5 million he talked about for a drug abuse program, he could get that without any difficulty if we could get the administration to recommend to the Bureau of the Budget full funding of the juvenile delinquency prevention bill. If we could get full funding on the other programs that my committee has passed through Congress that are now underfunded.

So, if we really want to do something about drug abuse, it seems to me a telegram to the President, urging the President for full funding of these programs, could bring relief in 24 hours.

Is that a fair statement?

Dr. **Redmond.** The Congressman is absolutely correct. We have been working with the colleagues in your county and Dade County and the cities I see you are going to, in an effort for what, 3 years, 4 years now, to get full funding of the authorizations that Congress has already made.

May I say to you, Representative Pepper, Mr. Sbarboro, a member of our board of education who has indicated terrific interest in this area, I would like if you would to have him make a statement.

Chairman PEPPER. If you and your panel would not object, and it is agreeable to my colleagues, we would like to take a 15-minute recess and then resume.

(A brief recess was taken.)

Chairman PEPPER. The committee will come to order, please.

Mr. Murphy, have you any questions you would like to ask of the panel?

Mr. MURPHY. Thank you, Mr. Chairman.

Dr. Redmond, in your statement to the committee, you went over a number of things and I have some questions. Let's hope I can remember some of them.

We had a Dr. Moore who was the principal of Morgan Park High School, one of the oldest integrated schools in the city of Chicago and maybe the Nation. He said that a questionnaire was circulated to that high school regarding drug abuse, and that was some 11 months ago. He has not had the results of that questionnaire.

Is any of your panel familiar with that, and what happened to it?

Dr. REDMOND. Dr. Sullivan.

Dr. SULLIVAN. That questionnaire was the basis for the development of the curriculum guide and is right in the front of your report.

In the back of your report, pages 17, 18, and 19. That was the basis for the development of the curriculum guide.

It was distributed to the pilot district and to every principal in the city of Chicago. The details of it were all in this report and then become the basis for the final guide. Dr. Moore has one of these.

Mr. MURPHY. Might it have been some other questionnaire he was referring to, then?

Dr. SULLIVAN. No, that is the only one we circulated.

It was the research questionnaire we developed the curriculum guide from.

Dr. REDMOND. December 1970.

Mr. MURPHY. Yesterday morning this committee was invited by the mayor of the city of Chicago, Mayor Daley, to come to his office. Because of his schedule, he was not able to make an appearance before the committee. In this meeting with the members of this committee, the mayor related that when he took office he visited certain schools in the city. I think he named Crane High School and Inglewood High School, where he said he personally observed people loitering with no apparent purpose, other than summoning the youngsters from the high school over to trucks or cars where he said he saw the exchange of what he assumed was to be dope or money.

As a result of that experience he introduced into the city council an ordinance which would prohibit loitering around the high schools and grammar schools. I was wondering if you gentlemen had anything to do with that ordinance and what is your opinion of the courts that struck down that ordinance as unconstitutional?

Dr. **Redmond**. Representative Murphy, we were aware and involved with encouraging the adoption of the ordinance of which you speak. I think it is a crime—or I should use my words carefully—that it is indeed unfortunate that that type of legislation was knocked out by the higher court.

Mr. **Murphy**. Doctor, in a few minutes we are going to prove what the mayor had in mind, and what I think you, as members of the board of education have in mind. We will show how easy it is to buy, not only marihuana, but also heroin.

If for no other reason than to highlight the fact that the ordinance passed by the city council would have tried to prevent the contact between the students and these people who were pushers that loiter around schools.

I wonder, Dr. Abrams, if in your capacity you had any experience in observing around the schools these adults or persons that sell the drugs to the youngsters?

Mr. **Phillips**. Congressman, may I just inject, I think the board member who has joined us made a personal survey of the schools.

Mr. **Murphy**. Please address yourself to the question, then.

Mr. **Sbarboro**. Why don't you have Dr. Abrams answer and then I will make a full comment that would be a part of my relations with the schools.

Dr. **Abrams**. I would rather hear Mr. Sbarboro. I think we learn more that way.

Mr. **Sbarboro**. I think in relation to your question, I suppose this would be my opportunity to make the presentation I am going to make, because this is part of my presentation.

Of course, I did want to thank this committee for coming to Chicago and taking your precious time and adding the prestige of your office to assist us in curbing the drug plague that is in our schools.

I suppose it is rare for a board member to have a chance to say thank you to Representative Morgan Murphy and Representative Roman Pucinski, who have supported us very, very strongly in our legislative programs.

My view was that I, of course, am here to enforce most of the ideas that the general superintendent has introduced. But I would like to take this panel to a little bit different facet, that of a board member's view, particularly from the view of touring schools.

Since I have been on the board, a little over 2 years, I toured about 215 schools.

Mr. **Phillips**. We did contact the president of the school board. Unfortunately, he had to go to Los Angeles to a union convention.

Mr. **Sbarboro**. He indicated to me, if I were available, he would suggest I come today, and that is one of the reasons I am here.

I would say quite candidly, certainly there is a drug problem in the Chicago public schools. In the visitations, I would think it is not at all as encompassing as has been testified to previously, but it is prevalent and it is a serious problem.

In touring the schools, Representative Murphy, I have seen and I have become aware of some of the experiences that you have indicated firsthand.

I have also become aware of them secondhand from students and teachers, as well.

I have also personally witnessed instances where I felt that security personnel were not making a strong effort to crack down on the situation. I contacted the security people in relation to this. When I contacted them, I found they were dealing fairly; however, there was a sentiment, and I think it goes to your question, there was a sentiment that the ordinances that they are dealing under are inadequate for them to handle this problem, which I want to go into a little bit later.

Mr. MURPHY. You are talking about what the police think?

Mr. SBARBORO. Right. The security people in the schools, that they had inadequate ordinance to deal with the factors you are talking about, about loiterers and outsiders, and this is where I want to go today, frankly.

I have seen, in my estimation, some school personnel that have been a little afraid or perhaps unaware of the problem and have dealt rather slowly with the problem. I would have to be factual and say that they have indicated to me that some of their problem was the acceptance of this issue in a social context, and also a community acceptance, which I found rather shocking.

But I think this committee should hear this. I have seen, though, in the last year, from the first year of my visit in the schools to the second year, in my mind a tremendous increase in the activity of the security personnel in this matter. I think they have become more efficient and much more aware of the problem and handle it much better than they did a year ago, although they do still say they don't have the proper ordinances to help.

I think I should make it clear, though, security isn't the only answer. I think everybody here is aware of the Jencks report that talks about family inputs, about the inability of students, community backgrounds, group pressures, and all of that sort of thing, that are achievement factors as well as factors that would get into the drug problem. I think we are all aware schools are now expected to accept responsibilities beyond education. And I think many people do think that discipline in teaching of morals, which your drug problem may well fall in, could best be handled by the church and home. But if they are not handled by those two facilities in our society, clearly the schools are going to be called on more and more to replace the home.

Now, I do want to bring out a couple of factors in my view that I have seen as I toured about and, of course, in my experience in growing up as a Chicagoan. The drug problem has always been in the Chicago public schools. I went to the Chicago public schools in the West Side of Chicago. There were drug problems when I was there.

They were not, in my estimation, to the magnitude they have been for the last 3 or 4 years. I think a direct link is evident, in my mind, with the kind of general acceptance and manifestation of this acceptance of drug usage by the public during this period of time, or society in general.

I think on the whole, communities and parents have been rather apathetic to the problem and a bit befuddled by the problem. I think that it is a very crucial period for our young children in the schools because this is an inquisitive period of life.

So, therefore, it is the kind of the adolescent symbol of independence has become drugs. I think part of this problem, frankly and candidly, is that the general acceptance in society is that we don't have any answer to this problem. I thought the two gentlemen who were here previously made the point, this is now the time for answers, not the time for questions any more. I think most of us know the questions. I think we are trying to find the answers.

I would say the difference in times, obviously during my time on the West Side we were greatly afraid of the results of the drug traffic. There doesn't seem to be that fear in the young person we have in schools, as I meet with them. There was generally community unacceptability. I would not say that is as strong as it was before.

I think as you talk to the young people, they often comment that they would not tend to agree with drug usage but they respect the right of others to make a free choice. This is a bit disturbing because the free choice is a much larger issue of the community as a whole and I think there is a tendency in our time, again, to continue to ask questions and not make decisions in this area.

The one issue I want to bring up a little bit different, that has not been spoken about before, one of the primary reasons I think there is a drug traffic in our schools, and it goes into what Representative Murphy was talking about a little earlier, is that we have something very, very unique in public schools, and not just in Chicago and urban schools across the country.

I think years ago when the fellow dropped out of school, he was perfectly content never to see that school building again. He left that school and he went on to the world of work.

Now, I have found that in touring over 200 schools in Chicago, there is quite a different phenomenon. The dropouts no longer avoid schools after they drop out, quite the contrary, the nonstudent utilizes these schools as places of social life, or meeting and of gang recruiting, which in some instances has led to drug trafficking.

Perhaps the reason may be that we do not have the unskilled jobs available to them that we had in previous times. I surveyed this and I found the city in the last 5 years has lost something like 57,000 jobs in these unskilled areas.

Mr. PHILLIPS. How many dropouts do you have a year?

Mr. SBARBORO. I would not have the figures in front of me. Perhaps Dr. Redmond will give you this.

Mr. PHILLIPS. 12,000.

Mr. SBARBORO. I take your figure; I imagine it is valid.

The point I am trying to make, we are getting into a situation that Representative Murphy is talking about, where we have to go to a very tight security around the schools which is not really palatable to many of us in the society.

On the other hand, with this phenomenon of the dropout not finding work and using the school as a place of social endeavor, gang recruiting, and drug pushing, we are having an increase in traffic in drugs and we need our security personnel to be more available in this area.

Mr. PHILLIPS. Would you say you are getting an increase in traffic rate in the schools?

Mr. SBARBORO. I have not personally seen traffic inside, but I have personally seen traffic outside which obviously is going to lead to the inside of the school.

Mr. PHILLIPS. You are aware that arrests are being made in the schools?

Mr. SBARBORO. Yes, but I am saying I have not personally viewed them. I have read the statistics that have come from the general superintendent, from the police department, and from our department of security, which indicate arrests. Of course, this is the problem we have in computing figures because arrests are rather down the line on the problem. The problem can be very large before you get to the arrest status and this is what I am going to address myself to a little bit later on, the question of the security personnel in the situation.

Mr. PHILLIPS. You might address yourself to what you think the scope of the problem is.

Mr. SBARBORO. Well, I will give you what I think some of the solutions to the problem are. The scope of the problem is very serious, in my estimation. It is not as large in all of the schools as some have indicated, but in some schools it is extremely large and in other schools there is virtually no trade at all.

Mr. PHILLIPS. Has the administration brought any facts to the board's attention demonstrating the scope and size?

Mr. SBARBORO. Yes.

Mr. PHILLIPS. What facts?

Mr. SBARBORO. They brought a number of studies to us, they brought a number of proposals to us.

Mr. PHILLIPS. Which studies did they bring to your attention?

Mr. SBARBORO. I don't have them specifically in front of me. Dr. Redmond has them all. I am sure they can enlighten you. I think most of them have already gone into the record here.

Mr. PHILLIPS. There are a number I haven't heard about.

Mr. SBARBORO. I think Dr. Redmond has indicated to you——

Mr. PHILLIPS. What I am interested in is there have been surveys made, one by Columbia University, which shows, for instance, 18 percent of the people in some schools have been using amphetamines.

Mr. SBARBORO. I read that, but I would say quite candidly I would view it as an opinion. I don't think it is a survey of our schools. That it is an accurate survey, I appreciate it as an opinion.

Mr. PHILLIPS. My problem is, I want to know whether the school board and the school administration is aware of the fact in relation to the scope of the problem. You say you disagree with the survey; is that correct?

Mr. SBARBORO. No, I did not, sir. I said it is a matter of opinion.

Mr. MURPHY. Mr. Sbarboro, that brings me to another question. I think it is going to be tough to determine the actual extent of drug abuse in the schools. I think the very fact that you acknowledge that it is substantial, and all of the members and other witnesses we have had say the same thing, that in order to treat the problem we are going to have to know how many resources we must bring to bear against the extent of the problem.

One of the problems which has been brought up frequently in the last couple of days is fear on the part of the schoolteacher if he sees a girl or boy nodding in class. He is afraid to report that to some higher level in the school system. They fear being sued. Do you have any proof of any teacher being sued, of any judgment rendered against a teacher for defamation of character? Is that a real problem, or is that in the imagination of some teachers and PTA officials, some of whom we had up here before us?

Mr. Sbarboro. Dr. Redmond, perhaps. I think it is a real fear. But the question of the suits, I think maybe Dr. Redmond can return to it. I am not familiar with the suits.

Dr. Redmond. May I?

Mr. Murphy. Yes.

Dr. Redmond. I heard through the rebroadcast those expressions of concern. I know of nothing to base that fear upon. What I heard yesterday was a discussion of the confidentiality misunderstood. There is no problem about being sued. The fear is maybe—it is imagined, as far as I can see.

Mr. Murphy. Doctor, I think the fear was based upon a statement or letter from your legal department to the teachers. It had something about being aware of some criminal liability in their behavior.

Maybe we weren't too specific yesterday as to exactly what that letter from your legal department was addressed to.

Dr. Redmond. That had to do with—and was completely misrepresented yesterday—had to do with the opinion which I referred to here earlier this morning, that it is a responsibility of the teacher as a citizen to report law violations to law enforcement, and failure to do such is a possibility of criminal involvement.

Mr. Murphy. That is right.

Dr. Redmond. This is the only directive.

Mr. Murphy. So, in other words, that legal statement was an urging to the teachers that they had a legal duty and responsibility to report any violations of law and, of course, the use of narcotics is a violation of law; is that correct?

Dr. Redmond. Correct. And this is what I said here: "On the other hand, the school policy as it now exists demands the teacher notify the principal, who will notify the parents and police in instances of narcotics intoxication."

Mr. Phillips. Do you know how many notifications were made?

Dr. Redmond. No, I don't.

Mr. Phillips. Have there been any made?

Dr. Redmond. I can't answer that question. Not to my office.

Mr. Phillips. Teachers are not reporting to the principals, principals are not reporting to you. How many letters are being sent out, if any letters are sent out?

Dr. Redmond. You oversimplify.

Mr. Phillips. Do you know the number of deaths related to overdose of drugs?

Dr. Redmond. I do not.

Mr. Phillips. It has never been reported to you and it has never come to your attention? You never brought it to the board's attention?

Dr. Redmond. You oversimplify in that kind of questioning.

Mr. Phillips. I am just asking you for the facts. The facts are you haven't heard the information. Don't you think you should have the information at some stage? Do you agree with me you should have information about overdoses of your children in the schools?

Dr. Redmond. I do not see, in the administration of my job, that I have to have at my desk all of the statistics in connection with all of the problems involved in the schools, in the school system.

Mr. Phillips. I disagree with you.

Dr. Redmond. That is the way you asked the question.

Mr. **Phillips.** I am talking about life and death in the schools. I am talking about a child being taken to the hospital. I am talking about many children being taken to the hospital and no one doing anything about it. You are not even aware of it.

Dr. **Redmond.** You are assuming that nobody is doing anything about it and saying I don't personally have the information. I don't think I have to have——

Mr. **Phillips.** Who has?

Dr. **Redmond.** The principal has his information, the district superintendent has his, and the area associates have them.

Mr. **Phillips.** We asked them at various stages of the administration. They don't have it, either.

Dr. **Redmond.** All right.

Dr. **DiLeonarde.** I haven't had any. No reports, nor have I had any overdosages.

Mr. **Phillips.** And you never send a letter out?

Dr. **DiLeonarde.** I didn't have to.

Mr. **Phillips.** Because you have no drugs in your school?

Dr. **DiLeonarde.** I didn't say that. There are drugs in my school. I said that before; they smoke marihuana. But I have never been able to get a person who has on his possession this material, or these drugs.

Mr. **Phillips.** Do you feel the only times you should advise a parent that a child has a drug problem is when you catch him redhanded?

Dr. **DiLeonarde.** How else can I ascertain he is using it?

Mr. **Phillips.** If he passes out in the class.

Dr. **DiLeonarde.** I have no such instance.

Mr. **Phillips.** How big is your school?

Dr. **DiLeonarde.** As of Friday, 787.

Mr. **Phillips.** How long have you been principal of that school?

Dr. **DiLeonarde.** 6 years.

Mr. **Phillips.** You never had one overdose in your school?

Dr. **DiLeonarde.** No.

Mr. **Phillips.** Dr. Redmond and Mr. Sbarboro, getting back to the question of counselors in the school.

Mr. **Sbarboro.** Frankly, I would very much appreciate—I have only one page of comments I would like to make; perhaps those comments may answer some of the questions, because most of the questions the representative is raising, to me I think are fine questions.

Mr. **Murphy.** Go ahead and finish.

Mr. **Sbarboro.** I wanted to make a certain number of recommendations. I was hoping this committee would want to make recommendations and not merely get into a dialog.

Chairman **Pepper.** We are primarily concerned with learning what you do. Your recommendations will be gratefully received.

Mr. **Sbarboro.** Thank you very much.

In the area of dropouts, this is the one, as I have seen in the schools, has an awful lot of effect on drug traffic because they are back in the schools.

I would like to suggest that the major Federal public works and major public works in this State be geared to giving priority in jobs to the dropouts. To my estimation they are not doing so, along with—and I have talked to some of the Federal people—along with Federal and State programs to prepare them for the world of work.

I suppose the thing that is missing in our kids right now, that brings this drug problem, is this desire to instill the need to succeed.

Now, that is only one suggestion. The second suggestion I would make, and I would make this—I am making this to you because it is your U.S. Attorney's Office here, and which I was a proud member of about 3 years ago—I think this board needs, and the U.S. attorney here, with the continence of the Congress, needs a much greater coordination between the administration of their good voluntary drug programs, because they have some good voluntary programs in there. Our State attorney has it, as well. We need a coordination, but they have told me they need revenues to coordinate at their end and we need revenues to coordinate at our end.

Quite clearly a school system $33 million in debt does not have the revenues for coordination in many aspects, No. 1, to make the children aware of the voluntary program that they have for assistance, not penal assistance, for medical assistance; No. 2, there is a tremendous need of seminars that I think Representative Murphy was getting to, with them, with the law enforcement officials of this city, with community groups, with adult groups, with our teachers, and our students. We do need seminars for us to get together to know what the law is, how it should be administered, and what the obligations are, particularly in the area of teachers.

I have found many teachers are concerned about the question Representative Murphy is talking about, this question of legality and fear, whether they can be sued or not sued, and you can have a great deal of misinterpretation. Frankly, the fellow we have to file the complaints with eventually, either State attorneys or U.S. attorneys, should be involved with our teachers in service seminars.

All of these things do take revenue, quite clearly.

I was going to address myself to the counselor issue, but I think it has been very well covered.

Mr. PHILLIPS. Before you leave the legal point, you have an attorney on the board.

Mr. SBARBORO. Yes, sir.

Mr. PHILLIPS. And you have also the resources of the county attorney if you need him?

Mr. SBARBORO. No, sir; we do not have the resources of the county attorney. We have a board attorney, with his staff.

Mr. PHILLIPS. All right. You have a staff attorney. Have they ever issued, or have you ever issued, a directive to the teachers about what their legal responsibility is and what the board will do to insure their safety from liability, from any lawsuits; that you will protect them? Have you ever given that type of directive to the teachers?

Mr. SBARBORO. I don't think we have gone specifically—I think the comments you made earlier about the letter Dr. Redmond sent out——

Mr. PHILLIPS. I have it. No, it was not sent out. It was a particular letter in a particular case and it is a confusing bunch of letters which don't state a policy. It is just replies back and forth. I don't know whether it was ever communicated to anyone except the one who answered the letter. As far as I know, it was never an assimilated report.

Mr. SBARBORO. I have recommended to the chief attorney in a number of fields——

Mr. MURPHY. This may be a further recommendation then.

Mr. SBARBORO. Yes, sir. We have recommended—of course, he is supposed to be implementing it or working on it—to the chief attorney that he involve himself in these in-service seminars that we are trying to put together on this whole legal ramification. But I will be very candid with you, he has a very small staff.

The Chicago Board of Education is very prone to suit, as one board member here can tell you. Therefore, he is inundated with normal board work. We have been talking about upgrading that office so he could have two people just in this area and the civil rights area alone. We do not have the resources at the present time to do so. But we have been discussing this, to have the in-service seminars with our board attorneys, our students, adults, but also with the U.S. Attorney's Office and the State attorney's office, who have the fulfilling responsibility in this issue at the lower level.

If I may go to the last point I really wanted to make, I think one of the areas that has been vastly overlooked in the whole situation is much like the idea of counselors. It is the area regarding our security personnel. In the Chicago public schools we have something like 490 people in our security personnel, a budget of about $1.2 million. This is trying to regulate, to stop intruders, to stop potential violence, to report assaults at a later stage, obviously, then where the drug problem is, trying to slow the drug traffic as best they can, for over 270,000 children.

In my estimation, this is one department that is terribly understaffed and underutilized, and I think we need a great deal more help in the Federal resource area to develop not only more personnel, but more training in this area, as well.

This is not just the coordinator. These are also the security people who have to deal with the issue straight on. When they walk into a question like Representative Murphy asked, when the pass is going on, how do they handle it and what do they do in taking into effect the community aspect of it?

I think these are some of the concepts that we have to look to. I would suppose, in finalization, if one were to say what would be the first recommendation the board would make, it is that the first recommendation is that we probably increase our budget 30 times. Thirty times in the area of drug abuse. We know we only get in the area of $80,000 a year, 10 cents a student, something in that area. We think it is rather ridiculous.

Chairman PEPPER. What is your budget now for drugs in the whole area?

Mr. SBARBORO. $80,000 in that area, a little bit less, sir.

I would have to reiterate Dr. Redmond's comments, that we have mandatory drug problems in the State and we have Federal programs, none of which are fully funded. So I think the big thing we would have to do to even start out, not as a treatment center, quite clearly not as a treatment center, just to start out on the education of our children as to all facets of this problem would be at least 30 times the budget we have now.

Mr. PHILLIPS. Do you regard the use of counselors in school as a treatment program?

Mr. SBARBORO. I do not, sir. One could make that contention. I do not think his job is to treat. For example, in the U.S. Attorney's Office, our voluntary program, when we dealt with other Federal agencies, they had a counselor type of position. His job was to counsel them and refer them to us to go into our treatment program.

I would think this is where we could, in our school system, use a counselor, perhaps at the prevention stage, but if we do come to the point where the child is past evaluation stage, he can counsel.

Mr. MURPHY. Is this program you referred to in the U.S. District Attorney's Office still in effect?

Mr. SBARBORO. To my knowledge, it is. I don't know how extensive it is because I have been out of the office 3 years.

Mr. MURPHY. We had testimony here the other day about the program our State's attorney, Mr. Hanrahan, has.

Mr. SBARBORO. It is a very good program.

Mr. MURPHY. It is a very good program, probably one of the few we heard around the country. Is there a liaison between the school system at some level and the State's attorney's office and, if so, is there a liaison between the U.S. District Attorney's Office and the school system at some level?

Mr. SBARBORO. Perhaps Dr. Redmond would comment, or I could.

To my knowledge, we have a number of liaisons. One is through our security offices. The second liaison we do have is through our legal department. But I think our liaison with the U.S. attorney's program is less than what it should be, if not virtually nonexistant.

The liaison with the State's attorney is existing, but the theory of having the seminar so we can really go out and do the grand job you gentlemen are doing for us, to disseminate the information so people become aware of the problem so they can sit down and solve it, has not really been available to us, because all of these groups claim they don't have the resources to come together with us.

Mr. MURPHY. You might make that a part of your recommendation, sir.

Mr. SBARBORO. Yes, sir.

Mr. MURPHY. Forward them to us in Washington, or maybe we can include that in the subtitle the chairman is talking about in the general education bill.

Let's get back to your counselor tactic. Might not the board of education, as was suggested by the head of the Day One program here, especially in the black community and the Puerto Rican community where the heroin problem is probably more severe than is the use of speed and LSD in the suburbs. Might not we use graduates of the Day One program and the Gateway Houses to work in conjunction with these counselors?

Dr. Redmond, the testimony we have received in New York, Miami, and Washington, points up the fact that the youngster in school does not identify with the counselor. No matter how capable, what a warm personality he may have, it is just the suspect of his age. They think he is part of the Establishment. The Seed program which we found to be very successful in Miami, the chairman's hometown, was run by an ex-alcoholic and he was able to identify with these kids.

He said in his rap sessions with these youngsters that the thing they feared most, or would trust least, was a counselor, a Ph. D. or a doctor, or a policeman. Right away they were turned off. But they said if a youngster of the peer age came in who had made the trip on drugs and related all of the harrowing experiences that followed that trip, and told us what we can expect, where we are going to end up, what it would cost us in terms of lost lives, lost friends, sorrow at home, we would listen to them.

In fact, this particular program had volunteers that never even experimented with drugs, just wanted to be around the kids, the youngsters that had, for the benefit of their experience, so that they may avoid that pitfall.

Might not we work that into your counselor program?

Dr. REDMOND. The short answer is yes.

Mr. MURPHY. If you have not done it already.

Dr. REDMOND. The short answer is yes, and I think you heard me say earlier this morning, too, that one of the problems is the inability of the so-called Establishment to communicate.

We have already in our programs moved to this same philosophy and we have called them "school aides" and a number of other titles. I repeat, the short answer to your question is yes.

Mr. MURPHY. Thank you, Mr. Chairman. That is all the questions I have.

Chairman PEPPER. Does the chief counsel have further questions?

Mr. PHILLIPS. No.

Chairman PEPPER. Doctor, what disturbs me a bit is what I observed to be your feeling, somewhat reservedly expressed, that the schools should confine their efforts primarily to educating the students about the drug problem, and not going into procedures that would lead to the prevention of drug abuse in the curriculum and general teaching process, and not going into peer therapy, and things like that.

Now, Dr. Abrams says today that one of the major causes of drug abuse among students, as I recall his testimony, was the feeling of failure on the part of the individual student. I daresay the distinguished school board member would attribute, perhaps, most of the dropouts to such a feeling—a feeling of failure.

What are those failures? What is that failure on the part of the individual student? I wonder if it might not be on occasion the fact that the curriculum is not adapted to that student. Perhaps the curriculum is designed for the student who is academically inclined, who is mentally capable of doing the work that is assigned to him or her as a student.

In Dade County, Fla., up until recently, a student could not get vocational education until he or she got to the 10th grade. Well, now, being able to do something with one's hands, being able to discharge a skill, to exercise a skill, is just as honorable as perhaps law, being a doctor, or teacher, or anything else. Yet, I suspect our school system is primarily academically geared and programed.

So it may well be that it is the failure of the school system, the curriculum, or the method of teaching that fails to take into account the peculiar qualifications or lack of qualifications, the peculiarities of that individual student. That in educating the mass, or an effort to educate the mass, we haven't had time to apply the teaching process to the peculiarities of the individual.

And the teacher with 40 or 50 or more students in the class doesn't have time ordinarily for individualized instruction to that individual.

Now, then, who is going to do that? Can an outside agency develop beyond the school system, set up by people who are not primarily teachers, people who don't primarily deal with young people? Are they better qualified to wrestle with that problem than the school system?

Dr. **Redmond.** Negative.

Chairman **Pepper.** The information we have received as we have held our hearings—and I think it was reflected in the testimony here—is that the best way to deal with drug abuse, drug addiction of students, except in the case where you have a serious illness or where you have what they call an overdose and you have to send the student to the doctor in the case of a particular illness, of course, that is a medical problem, but the best technique that has been discovered in the country is not the use of drugs—and I suspect Dr. Abrams would agree to that—except in the detoxification of a hard-core heroin addict.

Treatment of addicts with other drugs is not the best method that has been generally discovered in this country; it is peer therapy. It is an inspirational program that tries to get those students back on the track; teach them the real values of life; what they can be; to inspire them to want to be something significant in our society for their families and themselves and their lives.

Are you going to find enough trained people outside of the schools to be able to take care of these children? How are you going to get them in there? We don't have but a handful of treatment and rehabilitation centers, as it were, in the country.

This special drug abuse program, it is a good beginning, but it is still making relatively little impact upon the problem in the country. It will take time, of course.

But in trying to provide a peer therapy program, an inspirational program, an incentive program, something that will appeal to students, is anybody better qualified to do that than the school system, the teacher?

I want to leave it to the discretion and experimentation of the school system as to how they should do it. My individual idea, what we recommend as a committee, will be determined after we have consulted and considered all of the evidence and the like—but my offhand impressions from the hearings we have had now would be that the best thing Congress could do would be to appropriate enough money to set up this program in the schools. I use a billion dollars, that sounds shocking, but when you are dealing with 500,000 addicts that are already in the country, some of whom are in the schools, when you are dealing with a problem that means life and death, as my colleagues will tell you, to so many students, something that is so significant to their lives and the community, the crime that they perpetrate and all of that sort of thing, even that would be probably not enough.

But let's start with a substantial figure because every time we talk to people like you—you told us you have $35 million under the elementary and secondary educational program, yet you told us you had a budget of $600 million.

Dr. **Redmond.** That is right.

Chairman **Pepper.** You can't solve this drug problem by getting $40,000, or $50,000, or even $250,000.

I know you were talking about a limited subject there when you said $250,000. So we need to put a new title in the elementary and secondary education bill authorizing that, and don't go through the States, go right down to the places where the problems are, to the cities.

Dr. **Redmond.** Right.

Chairman **Pepper.** That is where the students are and that is where the drug abuse is. Go right down to the city. It is all right to have State cooperation, but too many cooks spoil the broth, as we have often heard it said.

So let the Federal Government provide just a simple title, so much money available, I say a minimum of $500 million to begin with, to the schools, for the prevention of drug abuse and the treatment and rehabilitation of those who abuse drugs. Then let you people, you are trained educators, if you need to adopt new curriculums, new teaching practices, procedures, programs, with medical advice and consultation, leave it up to you educators and you doctors to determine the best kind of a program.

But don't take it in the first instance, at least out of the hands of the people where the problem primarily is, where the action is as they say, and try to create a whole new world of people out there beyond the school system to deal with it.

Who are the most inspirational? Who inspires more young people in this country today than the teachers of this country?

That is what I mean, Dr. Redmond, when I say about including treatment and rehabilitation in the schools. I don't mean set up a drug center, a hospital, necessarily. Put that outside. But I mean getting to the basics of this problem. I think we would be remiss if we didn't give an opportunity to the school system with adequate funding, to see if they can't do much more in meeting the menace of this problem than we are now doing.

What is your comment?

Dr. **Redmond.** My comment, Representative Pepper, is that you have been a very patient chairman in waiting until this time to elaborate on your position.

Quotes that I heard on TV did not go to that extent. I think you and I are not in disagreement at all, as to the basic ideas.

There may be some differentiation of the individual words used. What you are saying to me is not what I think of as rehabilitation and treatment. I think of our general education program and drug education can't be complete without the kind of thing that you are talking about.

Incidentally, you go back to what is the reason for the dropout. Surely, we have been wrestling with this for years and we have been creating alternatives with the urban youth program, with the skill centers, with the outposts. Alternative to the traditional curriculum and the traditional curriculum and the traditional atmosphere of the high school that you knew when you started teaching, and I, when I started teaching.

These are part of the problems. We say that 12,000 children dropped out last year—8.7 dropped out—and we get so enthused because that is down a few tenths of a percentage point from the year before. But that is still our problem. And what is generally the largest verifiable reason? Lack of interest.

Well, that is probably our fault that there is lack of interest, for the very things you identified, and these are the things we are trying to do.

But you see, when I get Federal money, it comes to me earmarked that the program has to be innovative and the program has to be different, and you can't finance anything you are already doing. This is where I part company with these specifically earmarked moneys.

Chairman PEPPER. Doctor, if I may, may I invite Dr. Sullivan, who is the assistant superintendent of curriculum in the Chicago Board of Education, the lady with us today: Would you comment on what I said, disagree or emphasize or whatever your view is?

Dr. SULLIVAN. I am delighted to have the opportunity to respond. I would like to go back and start with the plea we have made for funds to train teachers.

One of the things that we have identified is that the reason young people are turning to drugs and turning off school is because of the teaching strategies and the teaching styles used by teachers that are not responsive to their needs.

In the training programs we have undertaken in Chicago, both for principals and teachers, one thrust has been to share with teachers the need to have a better understanding of the young people we are dealing with, their culture, their needs, the kinds of teaching styles they respond to, the fact that everybody doesn't respond to exactly the same teaching style.

In addition, we have recognized that young people who are not successful have to have the opportunity to be recycled. So in Chicago for the last 2 years we have been opening the option to the high school principal in particular to reprogram young people at the midsemester and in some high schools, creative principals are reprograming them earlier.

There are schools where they recycle them at the end of 10 weeks, if they are having failures or not being successful in the program.

In addition, we are trying to identify the kinds of help that young people need, the kinds of curriculums that they are responsive to, and we have moved in a massive way to what we call the minicourse concept, where instead of staying your committed 40 weeks to a program, we are saying that we will divide the curriculum experiences into cycles of 10 weeks and we will say to young people at the end of that cycle, you still have got that investment in the bank, so to speak, and then you go on from there.

We are working very diligently on the restructuring of the high school and we have had a committee meeting for 2 years and much of the input of that committee is already in operation in our schools in varying degrees.

Our new schools are responding to the design of continuous progress mastery learning, where we are saying that young people learn in a continuum and if they fail one segment or they have to be delayed in receiving the total curriculum in that segment, that we recognize that. We recognize the concept of mastery. We also don't say that they fail because one segment hasn't been accomplished.

We also are aware of the fact that young people have interest in many other kinds of things that are emerging in the area of curriculum and we have tried to respond in every way to those and build those kinds of things into our school curriculum.

You heard Dr. Redmond earlier refer to the fact that under the Safe Streets Act we have a project called "Law in the American Society." It had its genesis in Chicago. Now, that kind of curricular offering is being mainstreamed into our curriculum. We have done a great deal with environmental education. We have done a great deal with trying to teach teachers how to teach reading effectively, recognizing that they came to us without this competency and recognizing that that was the most important tool that a teacher had to provide a young person with in order to master all of the other subject contents.

We have had great success in training teachers and upgrading their competency in teaching reading.

This has been done by teasing out of the curriculum the kinds of skills a child has to have in order to move to the next level of competency.

I think, also, Dr. Redmond, in mentioning his very special programs, has pointed out where a young person isn't making an adjustment in a regular school situation, they are able to move into these very innovative kinds of programs, such as the Triple E, the Double E, the outpost, the skill centers, where they can have another kind of a curricular experience.

And our vocational education programs have become very innovative and responsive to emerging technology, so when a young person goes into vocational education, he isn't being trained for a vocation that is already obsolete.

This is one of the problems school systems have to recognize. The equipment you have in a vocational program must be responsive to emerging technology, so that it isn't an obsolete skill we are giving young people.

We have done a great deal equipping our schools with creative reading laboratories, so we can diagnose and prescribe the kinds of skills our young people need.

There is a new program that was introduced last year, funded through some State funds, in career education, where we are starting in the early grades of the elementary, and we have a strand of career understandings around which the curriculum is evolving.

These are some of the things.

Chairman **Pepper**. Doctor, let me interupt you, if I may. Mr. Phillips very ably pointed out some 12,000 students drop out of the school system in Chicago every year. We had a juvenile judge from Fort Lauderdale, Fla., who appeared before one of our hearings and he said ordinarily the dropout was the best candidate for the juvenile court, and then he said that 50 percent of the young men and women who come in the juvenile court wind up later in the senior correctional institutions, in the penitentiaries of our country.

So, out of those 12,000, if the averages that have prevailed in other parts of the country prevail, there will be a large number that will in a little while be in the juvenile courts, if they are not already there, they will wind up committing other crimes, they will be in the penitentiaries of Illinois, and one that we have generally, that it costs the taxpayers about $5,000 a year to keep a person in one of our major penal institutions.

Now, do you have a program to bring any of the dropouts back, and how is that working?

Dr. **Sullivan**. Congressman Pepper, many dropouts become a statistic as a dropout more than once in a school career. The recidivism is high. In the Chicago school system—and I was a high school principal for many years—we bring back and encourage to come back every year the young people who are dropouts.

In one of the programs that Dr. Redmond referred to, it has as its major component the reaching out to young people who dropped out and inviting them to identify with that program. That is the Double E program.

So that we have two types of thrust, the invitation to come back after you have dropped out and try again, and then also the Double E program.

I would say that throughout the Nation the dropout is often more than once, the same person as is a statistic as a dropout.

Chairman PEPPER. Could you not inaugurate some kind of a peer therapy program in the school system, within the general school authorities if you had the money?

Dr. SULLIVAN. Yes. Many of the programs the counselors work with are of that nature. For example, Mr. Folkers in his work with groups in drug education used the peer therapy concept and he could elaborate, if you would care for him to. Many of our programs have this peer therapy concept, for our counselor becomes a catalyst in that group for interaction and support.

Chairman PEPPER. I had a suggestion the other day from a retired teacher. At what age are your teachers retired?

Dr. SULLIVAN. Sixty-five, but they can come back until they are 70, if feasible.

Chairman PEPPER. Very good. With careful screening so you only bring in the ones that have capacity of inspiring confidence in young people, of inducing them to follow a desired course, if you had the money, could you bring in a good many of these retired teachers of inspirational capacity to work in these peer programs in the school?

Dr. SULLIVAN. One other thing they could do with great competency would be to come in as volunteers and help us in our tutoring programs. They could make a marvelous contribution.

Chairman PEPPER. I don't want to prolong it.

Dr. Redmond, with all respect and confidence, I want to share the deep feeling that Mr. Phillips has manifested here in his inquiry. What you have told us here about your personal knowledge parallels the personal knowledge of the chancellor of the school system in New York, and the people running the school system in Miami.

And what the gentleman here, the distinguished member of the school board has said, pretty well parallels what we have heard from other school boards in the three hearings we have had now.

I say with all respect and kindness, I do feel that you who have the top responsibility, administratively and authoritatively, you have got to interest yourselves more in the minutia, in the details of this problem. You have got to come closer to grips with it. I mean not only you, but every school board and every school system.

In Miami, the first three administrators of our school system were off on vacation; we couldn't even get them to come and testify. Either they didn't want to testify before the committee or didn't think it important enough. Fortunately, we had a very fine school board member who was a medical doctor, who was head of a treatment and rehabilitation program, a former juvenile court judge, and a member of the school board. So he was able to give us the facts.

But all over the country this problem is growing and I believe menacing. It is going to be a problem for you people administratively to find the answer. Then it is going to be the problem of people in public office at all levels to help you do the things that you think out of your knowledge and wisdom and experience are the best things to do to deal with this problem.

Mr. Phillips, any other questions?

Mr. **Phillips.** No.

Chairman **Pepper.** Mr. Bloomer?

Mr. **Bloomer.** No.

Chairman **Pepper.** Mr. Murphy.

Mr. **Murphy.** Yes, Mr. Chairman.

I would like to say we appreciate having channel 11 here for these hearings. I wouldn't want any of the people in the audience here or in the audience at home to come away with the idea that the evidence brought out here and the testimony heard puts the whole blame on the board of education.

We can give all the money in the world for this problem, but I am not sure that money in and of itself is going to end it.

I think it is a many sided problem we are faced with. We are going to have to get back some type of motivation in the daily lives of our youngsters and the daily lives in our homes. I don't mean to imply that we are putting all of this on the shoulders of the board of education.

We know of your many problems, your financial problems, and we want you to know that we in Washington are sympathetic to your problems. Please feel free to come down and talk to us about your problems and see in what way we can be of some help.

Again, I don't think money in and of itself is going to be the panacea. I really don't. I wish I could articulate it, Doctor, but after all of these hearings in these various cities, I come away with an empty feeling that there is something missing in our everyday life; for some reason we are not reaching these youngsters, or these youngsters don't feel a part of wanting to live. When we were youngsters there were ghettos, there were poor sections and these kids did not necessarily turn to drugs. They made it in life, they got a job under adverse conditions, other hardships, and rose to be leaders in their various professions.

Probably some members of this panel had very poor beginnings.

So I think what we come down to is that we have to get back in the lives of our youngsters. This, along with the money, along with counselors, and along with programs, should be our purpose.

Doctor, you have manifested an interest by your presence here, as the chairman has already indicated.

In the other cities we visited, the educational officials were on leave or vacation and made no effort to come down. I, as a resident of the city of Chicago, am proud that you have responded and your organization has responded as it has.

Dr. **Redmond.** Thank you. We have been grateful for the opportunity, sir.

Chairman **Pepper.** Dr. Redmond and all of you on the panel, I want to share very strongly in what my distinguished colleague has said. I commend you upon the real and very good effort that you have made to come to grips with this problem. You haven't had very much help, and we are here, as Mr. Murphy said not to criticize anybody. That isn't going to do any good. We are here to see what the Congress of the United States can and should do to help you meet your problems here.

I know you welcome that kind of assistance.

Thank you very much.

(The following letter and statement were received for the record:)

CENTRAL STATES INSTITUTE OF ADDICTION,
Chicago, Ill., September 26, 1972.

Hon. CLAUDE PEPPER,
Cannon Office Building,
Washington, D.C.

DEAR REPRESENTATIVE PEPPER: Your recent hearings into crime and drug abuse in the Chicago Board of Education school system were most informative to a wide variety of people. We who have been engaging in drug abuse education for the teachers of the Chicago school system have long known of this problem. Unfortunately we were voices crying in the wilderness.

I am attaching a copy of an overall evaluation made by seventy-five teachers who attended our school, run in conjunction with Dr. Redmond here in Chicago in the summer of 1971. This evaluation speaks for itself as to the benefit these teachers obtained from this course in drug abuse education. You should know that many of these teachers went back to their own schools and instituted programs of prevention, treatment, referral, and education of the children themselves in the folly of drug-taking and drug-abusing.

Unfortunately this program was unable to be successfully continued by the Chicago Board due to lack of funding from all the Federal agencies to which they applied. They were denied for funds with the standard statement "There is no money available for drug abuse education." In your position as Chairman of the House Select Committee on Crime, perhaps you would be able to aid the Chicago Board in their search for funds. I certainly hope so.

Very truly yours,

JOSEPH A. BOU-SLIMAN, *Director.*

Attachment:

1971—CHICAGO BOARD OF EDUCATION, SUMMER SESSION

DEPAUL UNIVERSITY—SCHMITT ACADEMIC CENTER

[Total students attended, 75; total evaluations submitted, 56]

Overall evaluation	Outstanding Excellent Very good	Good Average Fair	Poor Very poor Unsatisfactory	No comment
1. Information given by the lecturers was relevant to the drug problem and ways to handle it correctly	82	18		
2. Material presented by the lecturers was useful and could be implemented; it was not simply theory with no delivery form described	64	34	2	
3. This seminar helps one to be more aware and dedicated to understanding drug abuse problems	89	9	2	
4. The time spent at this seminar was worthwhile and beneficial. I would recommend it	84	11	5	
5. Communication Laboratory aids insight of one's self and others	84	11	5	
6. Methods used by trainers were stimulating and professional	79	16	5	
7. Manner of delivery of speakers, choice of words, clarity of enunciation, articulation	71	27	2	
8. Group discussion helped one to be conscious of one's role in understanding the drug dependent	64	27	9	
9. Time spent in the Communication Laboratory was time well spent	82	11	7	
10. Communication Laboratory is recommended for better understanding of the drug problem	82	5	9	4

COMMENTS AND SUGGESTIONS

We should be made aware as soon as possible and as clearly as possible of the time, exam, and essay requirements of succeeding seminars.

Members of communication laboratory need more follow up "real" experience working with each other.

An outstanding exposure to a broad field which affects every teacher in the public schools.

The lectures were too repetitive and in many cases boring. One lecture would be sufficient to cover one aspect.

I would prefer to take the course with a group of people who were of different professional backgrounds rather than being with a group of people that consists solely of educators. I have found this particular group to be the rudest, most boisterous and obnoxious; it is surprising to me that some of the speakers didn't just walk out of the lecture hall. I think more knowledge could have been received if the teachers wouldn't have been so competitive in displaying all their inner knowledge and let the lecturers speak instead. It seems that educators (this group) are out to prove to someone that they are all knowing (maybe this is why we aren't able to reach the students). We can't ever discuss with each other on a human level—how can we begin to treat students as equals and humans? The course was great, but could have been better had the audience been more mature.

The test was lousy: tricky, devious and too pharmaceutically slanted.

Present 2 lecturers on the same day with opposing views. Therefore the class can decide regarding different opinions.

The field trips were a fine experience.

The exam was an insult to the quality of the people that taught the course. The only justification for such a test would be to make us sensitive to how people feel when they are tested invalidly.

STATEMENT OF DR. DONALD H. KLEIN, OFFICE OF SUPERINTENDENT OF SCHOOLS, COOK COUNTY, ILL.

As drug involvement is the manifestation of a deeper problem by an individual, so too, is the drug syndrome symptomatic of deeper causal factors in our society. It cuts deep into the texture of all our lives, and demands of all of us, no matter what our role, a serious involvement to eradicate the causes and with that the syndrome of the drug enigma. From the educators perspective, admittedly, we are limited in our effectiveness if we are not assisted in our endeavors by other community agencies. However, what may appear to be a somewhat inept understanding of the situation by an apathetic public must not discourage maximal effort by educational institutions.

Too many school administrators seemed prone not to want to become involved with this issue. This may either be motivated by their inability to decide which direction to pursue or by their timidity to jeopardize their position in their community. They do not appear to take cognizance of the fact that we live, and will undoubtedly continue to live, in a drug oriented society. Most drugs whether they have medicinal properties or not, are generally readily available to all students.

It makes little sense to deny the necessity for education about drugs in any given school or area simply because there is not a recognized problem among the school children of that community. Such a position suggests an indepth survey of the school population which implies a degree of naivety for the recipient of such information. Furthermore, if we accept the contention of most authorities that one's involvement with drugs is a personal decision then the school is denying their students the option of making an intelligent decision based not only on what they need to know, but also, upon what they want to know about drugs. No one is apt to avoid dangerous behavior unless he is sensitive to the dangers involved. We must assume that given knowledge and insight individuals are capable and likely to exercise good judgment and function responsibly. The object of education is not always for the solution of an immediate problem but for the fitting of individuals to continuously lead constructive lives, avoid pitfalls, and solve problems which they may encounter later in their lives.

The school's involvement in the area of drug education should be chiefly that of prevention rather than treatment. Their prime objective should be to assist their students to acquire knowledge of the probable psychological and physiological effects of specific drugs on human organisms; to encourage their student's development of an attitude and/or values that will preclude them from becoming involved in any form of drug misuse. This means the implementation in our schools of a comprehensive drug program. One that is articulated from Grades K to 12. One that attempts to integrate, whenever possible, with other subject areas. One that attempts to involve the community whenever it is possible.

At the primary grades the objective should be to foster within each student respect and appreciation of self, others, medicine, and the law. As they become more mature instruction should focus upon rationales for self-discipline, medical ethics, and practices. At the junior high level the effects of drugs should be discussed in conjunction with the concepts of self-responsibility and personal decision-making. Senior high school classes should become more sophisticated with each subject striving for integration of their concepts with the drug phenomena. Biology, chemistry, history, sociology, economics, psychology, are content areas which could all be involved. The program must be student-centered, providing, when possible, for their participation in planning and development. Drug information must be factual, non-sensational in nature, and free from moralization and preaching.

The most important component in implementing this program is the classroom teacher. At all grade levels, she must be honest and willing to help students search for answers. This will help establish her credibility, especially among those who already have some information about drugs. She must be knowledgeable in the source, nature, use, effect, and abuse potention of various drugs. Most important, she must be aware of the value of establishing a success oriented classroom in which students develop a positive self-image of themselves. Few individuals would turn to drugs if they could truly and confidently answer such questions as: "Who am I?" "What am I?" "Where am I?" "Do I like myself?"

Since drug abuse is a complex phenomenon, stemming from a multiplicity of causes it appears pragmatically impossible for teachers to be all things to all students. She can, however, in her day to day contacts continually strive to turn them on to life, not only by what she says but by what she does. By evidencing her joy in living; by suggesting vocations and/or avocations associated with the subject area; by striving for a classroom atmosphere which considers students as having feelings and not as being mere recepticles for facts and concepts.

Each individual must be afforded every opportunity to make their own personal decision that there are alternative activities to living, rather than becoming involved in the drug scene. There is no available innoculation against drug abuse, except the ability to influence individual decision-making. The teacher that is liked, respected, trusted, competent, and considered well-informed will be a strong influence in helping each child make the right decision.

Mr. Phillips. The final witness today is Bruce Frask, a police officer.

STATEMENT OF BRUCE FRASK, POLICE OFFICER, SHERIFF'S OFFICE, COOK COUNTY, ILL.

Mr. Phillips. Officer Frask, you are appearing today with a mask. The purpose of the mask is to conceal your identity because you are doing undercover work in the narcotics business; is that correct?

Mr. Frask. Yes, sir. That is right.

Mr. Phillips. In the course of our inquiry here in Chicago, we came across you and a number of students. These students were going to school here in the Chicago area. We talked to the students and they described to us and you how extensive the drug abuse scene was in these schools, how easy it was to obtain drugs, any kind, pills, acid, heroin, cocaine, pot. The broad spectrum of drugs that are available, I guess, in any large city.

One of the girls who was with us, I guess she was about 17 years of age, said that drugs were very, very easy to obtain and that she could go back into her school the next day and buy anything we suggested.

I suggested to her that, well, aren't you exaggerating it a little, and she said "No," she was not exaggerating, that she could do it. I said, "If I gave you the money today, would you do it? Would you go back and buy some heroin?"

And she said "Yes," she would.

Could you tell us what happened after she left my office with the money?

Mr. Frask. Yes, sir. After we left your office with the money, we coordinated an investigation between Cook County Sheriff's Police Department, the local police department, with high schools just located—they have a liaison police officer in the school—and, of course, with the school authorities.

The next morning I took the girl to school and before the second hour had started, she returned to me a quantity of heroin she had purchased for approximately $20.

Mr. Phillips. Would you just show us that heroin?

Between 2 hours after this girl received the money and went to class, she had the heroin; is that correct?

Mr. Frask. Within about an hour, sir.

Mr. Phillips. Did she also obtain other things in school, other drugs she purchased in the school?

Mr. Frask. Yes, sir; she did.

Mr. Phillips. Do you have them with you?

Mr. Frask. Yes, sir. The same day she purchased the heroin, she also purchased some marihuana, which I have here.

Mr. Phillips. And what else did she purchase in the schools? Some pills, I believe.

Mr. Frask. Well, what happens in the schools, usually the students make contact in the schools and the dealing is usually done outside of the school. These first two exhibits were purchased inside the school, however. What usually happens, like I say, the actual trafficking is done outside of the school itself, outside of the school building, either in a parking lot or nearby park.

Mr. Phillips. So the pills, they were purchased outside the school?

Mr. Frask. That is correct.

Mr. Phillips. She made the arrangements to purchase them inside the school?

Mr. Frask. Yes, sir. She purchased them from another student.

Mr. Phillips. She bought some amphetamines?

Mr. Frask. Yes, sir. Some amphetamines and some other pills.

Mr. Phillips. In addition, did she buy some acid?

Mr. Frask. She bought some hallucinogenics. We are not sure what it is. It is made in a clandestine laboratory.

Mr. Murphy. Did she buy it from the laboratory, Officer?

Mr. Frask. No, sir. She bought it from another student. We have an investigation now to attempt to locate the laboratory.

Mr. Phillips. It was that easy.

Mr. Frask. Approximately 2½ days.

These are the hallucinogenic pills (indicating).

Mr. Phillips. That was just one girl going out and buying drugs, and she is only 17 years of age; is that correct?

Mr. Frask. Yes, sir. That is correct.

Mr. Murphy. How much heroin is this, in your estimation?

Mr. Frask. I really can't say, sir. It is $20 worth. A very small amount. Possibly a quarter of a gram.

Mr. Phillips. Congressman, would you like to look at those exhibits?

Mr. Murphy. Yes, sir. I would like to have them up here.

Officer, did she have any difficulty in locating the heroin contact?

Mr. Frask. No, sir; she did not.

Mr. Murphy. Approximately how long was she in the school before she purchased the heroin?

Mr. Frask. She had it before the beginning of the second hour and we got there a few minutes before school started.

Mr. Murphy. In other words, she knew right where to go.

Mr. Frask. Yes, sir.

Mr. Phillips. Would you say that these drugs were available to all kids her age and background?

Mr. Frask. If you have the contacts, you can make the purchase.

Mr. Phillips. I have no other questions.

Mr. Murphy. I have no questions.

Chairman **Pepper.** Officer, just two or three questions. Would you say that the traffic in drugs is pretty general in the schools of Chicago?

Mr. Frask. Most of my experience was with the suburban schools. I would say that the drugs are rather easily obtained in schools. It is probably easier to obtain drugs now than it was when I went to high school to obtain alcohol.

Chairman **Pepper.** One other question: The Federal Government has set up an agency under Mr. Miles Ambrose, the Office of Drug Abuse Law Enforcement, to try to drive the pushers off the street. I was also present with Mr. Murphy and other members of our committee at the White House when the President signed the bill setting up the Special Action Office for Drug Abuse Prevention. But the President pointed out if we were successful in driving a lot of pushers off the street, that would make the supply scarcer, and that would raise the price. So if we don't have an adequate rehabilitation and treatment program, this will be a disservice to the public interest.

You spoke about heroin being purchased for $20. Have you observed from your experience, or contact, any increase in the price of heroin generally in the Chicago area?

Mr. **Frask.** No, sir. It has been about the same for the last year, as far as I know.

Chairman **Pepper.** It has?

Mr. **Frask.** Yes, sir.

Chairman **Pepper.** Thank you very much, Officer. We appreciate your appearance, and this information you have given us.

In concluding our hearings here, on behalf of the committee I wish, again, in the warmest way to express our thanks to channel 11 for the magnificent service they have rendered to the public and to the committee in the broadcasting of these hearings. This is the first time this has been done in any of the cities visited before coming here.

You have set a standard for public service for educational channels that I hope will be observed by others in the country. We have already notified the educational channel in San Francisco, where we are to have hearings the latter part of next week, of the splendid contribution this station has made. We hope they are going to follow your good example.

The committee wishes also to thank the other media, the other networks and the radio stations and the newspapers, for the excellent coverage that they have given our hearings here, which will make possible what we desire so much, the thinking of the community being more emphasized upon the challenge of this problem that we all face.

Thank you very much to all of you who have so ably and so generously contributed to this hearing.

The hearing is adjourned.

(The following statement was received for the record:)

STATEMENT OF DR. JORDAN M. SCHER, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON DRUG ABUSE; EXECUTIVE DIRECTOR, METHADONE MAINTENANCE INSTITUTE OF CHICAGO; VISITING PROFESSOR, DIVISION OF ADDICTION SCIENCES, DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MIAMI

Drug abuse and drug abuse education have had checkered and contradictory histories. Beginning in marginal and esoteric groups and societies, it has involved peyote cultists of Mexico, mid-east, and far-east peoples. In this country, blacks Spanish, criminal, avante-garde musicians, and finally, white middle and upper class youngsters and adults. For a long time in the United States subsequent to the restrictive laws of 1917, regarding narcotics, drug abuse led a rather restricted life among groups of little significance to mainstream and centrist America. Suddenly, for seemingly unknown reasons, an effloresence of drug interest errupted in the late 50's and early 60's, bursting through the barriers of class, color, and money onto the sons and daughters of middle class America. This eruption was sensitized by phony heroes such as Timothy Leary, Allan Ginsburg, and others. It coincided with a general falling away from the customary and long term middle class values which seemingly had sustained drug abuse within the more deprived urban area. It is probably not amiss to relate this bursting of the bonds to the simultaneous existence of an era where many American prejudices, values, and cultural patterns were disrupting and in the process of transition. Clearly, drug abuse began to reel and stagger out of the ghetto in the wake of the 1954 school desegregation decisions on the part of the Supreme Court. Also, in the late 50's and early 60's were the high points of the black civil rights movements. It may be that many youngsters wishing to exhibit their social consciousness, "color blindness", and sense of greater freedom in an area of general permissiveness began part of the identification process with the underdog by assuming and assimilating some of the less admirable aspects of ghetto life. Such was the push toward freedom and disenfranchised-franchised equalization.

However, the young whites who thus exhibited their brotherhood with their less fortunate black neighbors, incorporated also an involvement with what had been hitherto black music. The Beatles and others, of course, were only imitating the black idiom, black themes, and even black patois. Yet, even though young whites readily picked up glue sniffing, marijuana, and various psychedelic drugs, there remained, for most, what I have called a "needle barrier" until the late 60's. This was not true, of course, of all such youngsters. One may consult an article of mine "Patterns and Profiles of Drug Addiction", which identifies and describes the various phasings and patternings up until approximately 1967 to 1968. At that time there were generally speaking the marijuana-psychedelic group, or cycle, mostly middle class white youth; the marijuana-heroin group, or cycle, mostly black youth; the glue-marijuana-beer-wine-heroin group, or cycle, mainly Spanish speaking; and the amphetamine group, mainly white; the amphetamine-barbiturate group, mainly white; and the barbiturate group, mainly white. Various amphetamines, barbiturates, sedatives, hypnotics, and other drugs, often doctor induced and mainly white were used particularly by middle class older women. Since 1967 or thereabout, the pattern has completely changed again, firstly into polydrug in all groups, classes, colors, and ages. Even more disturbingly, the "needle barrier" which had preserved many youngsters from progression toward heroin was transcended first by means of using amphetamines and barbiturates by needle and finally heroin itself.

Also prior to the late 60's there was a kind of "age barrier" with the lowest age for drug abuse in white middle class communities running about 14 to 16, although in Spanish and black sometimes much younger. Since that time, that barrier also seems to have been transcended as the younger brothers and sisters of the early class of users tend to move right into polydrug misuse, and a disturbing number even into heroin misuse. As for the older brothers and sisters who had been through the earlier experiments with drug abuse, and had escaped advancing into heroin, many of these of college and post college years now have returned with a vengeance to good old American tried and true alcohol, and in some cases alcoholism. This last transformation has been aided and abetted by a far-seeing liquor industry which has created the "apple-dapple-zapple" candy wines to appeal to the sweet teeth of younger America, as it begins to break through the generation gap and join in the more standardized and acceptable vices of its parents, although in many cases more so.

I have gone through this highly abridged but I believe important overview of the recent past history of drug abuse in this country to give us some perspective within which to view the *problems of drug abuse education* and whatever solutions it may tend to have for us.

Several years ago, Dr. Jerome Jaffe, current head of the Special Action Office for Drug Abuse Prevention, wrote in an article with David Deitch, an ex-addict[2] that there were two basic hypotheses regarding drug abuse in terms of the failure of youngsters to seem to profit from education. The first of these was that "with respect to drugs, adults are not worth listening to". The second of these was that in the view of youngsters, "drug abuse education is a fake". It may be that both of these hypotheses are true.

However, in order to understand the what, where, and how of effective drug abuse education, one must understand that we are confronted with a number of interlocking and overlapping patterns and influences. I have already made note of the *disruption of middle class values and prejudices* during the 50's and 60's. The late 60's and 70's seem to portend a return to the older values, less revolt, more of a tendency of submission to authority, and a generally less permissive atmosphere. Although this change may be showing itself in the older cohort of those between 18 and 30, its message does not seem to have reached very strongly down into the lower age brackets. My own experience had been that for the most part, *American youngsters have escaped serious involvement with drug abuse.* And of the 25 to 40 million who have tried marijuana only 20% went on to psychedelics, 20% of these went onto amphetamines and barbiturates, and 20% of these went on to heroin and other narcotics. Thus the actual number involved at the bottom of the spiral is small by comparison with those at the top. Furthermore, it has been my experience that most of those who experimented with drugs, and did not advance to the more serious stages, tended to have *a 2 to 5 year period of mild to intensive involvement*, prior to a return to the more usual virtues, vices, and bad habits of the rest of us. With this in mind, for most youngsters the picture at best, is not necessarily so depressing and disturbing as one might be led to believe.

Several other patterns tend to impose themselves on drug misuse at any given time. One of these is *peer pressure*, and is very well known. Another as I have implied is the *waxing and waning of overall cultural patterns of use and misuse.* This tends to relate to the overall cultural, political, and social patterns prevailing in the society at any given time. There are also *sub-group and larger group influences* and movements. Although generally discredited by many experts, the influences of *current national attitudes of suppression*, danger caution, or liberintism, tend to be highly influential through meda, campaigns, police, educational, and other actions.

For example, two major influences, usually felt to have no significance whatsoever, have been crucial in changing overall patterns of drug misuse in the recent past. One, the *very strong suggestion, correct or not, that LSD alters chromosomes.* This, I feel, has had a very strong influence in driving youngsters away from its abuse and that of other psychedelics. The second major influence, the meaning of which is generally unrecognized, is that the *intensive drying up of the marijuana supply* through Operation Intercept in this country several years ago was highly important in driving many youngsters into experimentation with more serious and as a consequence more dangerous drugs. Both of these events tends to follows a kind of Gresham's Law, that is, *the unavailability of less dangrous drugs will often drive certain individuals to seek out and abuse other more dangerous drugs.* A similar phenomena occurred and was reported for the American-Southeast Asia experience.

Thus what I am saying, in short, is that drug education, adult influence, national pressure and information, and other factors can, contrary to the assumption of many scientists and experts, *have an influence on the character, direction, and development of evolving patterns of drug abuse.* Thus, there is a very real, meaningful, and apolitical place for drug abuse education. Such education must occur at a number of different levels at the sam time. It must involve the parents of exposed children, teachers at all levels, the community in general, special interest groups, and loyal standard bearers of medical and social expertise and information, as well as the children themselves. The parents are the first order of business and bulwark against drug abuse through their own life styles, misuse of alcohol or other drugs, diffidence about misuse by their youngsters or too ready agreement to "allow the youngster to make up his own mind" about things his judgment is *too unformed to decide or his experience too limited to permit.* The teachers must also, by example and by available information, understand and know their youngsters, current patterns of drug abuse, concealment, and trends. Their role is not so much to overfill the bowl of drug abuse information as to be available as a resource, a guide, an ombudsman, and a crisis intervener, who does not panic. Outside resources such as physicians, nurses, social workers, police, and other community agents should be prepared to assist in a caring and non-punitive fashion. The media and other information sources should, as far as I am concerned, *even at the risk of overstating their case*, strongly impose upon and impress the youngster with ideas of danger, progression, and known and unknown hazards resulting from such abuses. The youngsters themselves must be organized into discussion groups, and role models among their peers should be assisted in becoming accredited helpers, spotters, and guides, caring for them when necessary and in impressing upon them, the dangers and problems of drug abuse, at the on site level.

An elaborate program has been proposed for this purpose by the National Council on Drug Abuse and submitted to the Chicago Board of Education for its consideration. A copy of this proposal is enclosed. We feel that the program we have submitted is only a beginning of what must be a long term serious investment in resolving the issues of drug abuse education as a major preventive measure in the present and future generations. This will require a retailoring of many values in our society from top to bottom. The National Council on Drug Abuse has conducted over the past three years, many educational conferences and workshops for industrial management and labor, for teachers, police, social agency personnel, and others. It is also helping to develop what is very much required today, that new special class of helping agent, the Drug Abuse Counselor. We expect this work to be long, but we have found it thus far to be highly rewarding. To be able to extend in a vital way our experiences to the student, the school and to the parent is a matter of the highest priority. Groups with the experience and knowledgeability for this task must come to the fore and develop to a considerable degree over the next few years if we are to seriously begin to manage this overwhelming but not impossible problem.

I wish to take this opportunity to congratulate the Committee for its pioneering and obviously dedicated efforts. I look forward to the fruits of this labor with the greatest enthusiasm, hope, and expectancy.

Enclosures (2):

(Enclosure 1)

DRUG ABUSE TODAY—IT'S EVERYBODY'S BUSINESS

(Jordan M. Scher, M.D.)

Several weeks ago the House Select Committee on crime under the direction of Claude Pepper (Fla.), held open televised hearings in Chicago. Chicago was apparently the only city to date which had thought enough of these hearings to give them the exposure they deserved. Morgan Murphy (Ill.), a member of the committee and an outspoken advocate of drug abuse legislation, Roman Pucinski, Charles Percy, Superintendent Redmond, and a number of other major and minor figures concerned with the problem participated. Since then, the Select Committee on crime has announced major new legislation in the field.

The upshot of these hearings was that drug abuse is a major concern at progressively lower levels of student involvement. Current efforts have focused on drug information programming for teachers. Theorists have stressed family breakdown, generation gaps, and other issues in the hunt for causes and cures. Dr. Edward Senay, Director of the Illinois Drug Abuse Program, dramatized his feeling that considerably more research was necessary in order to determine the effectiveness of any educational approach. He also suggested drug education might have backfiring and dangerous consequences. This opinion was subjected to considerable criticism. Many of the participants argued that the subject had been researched to death and the time to act was now.

What is this problem of drug abuse that everyone complains about and few people seem to be able to do anything about? In the first place, drug abuse is not one problem but many problems. It does not have one history, one cause, one focus, or one outcome. It is subject to vicissitudes of time and pace, peer pressure, social pressure, family background, income level, passing fad, and many other less obvious personal, interpersonal, and social influences. Further, drug abuse has spawned many experts and pundits, who have matured overnight to pontificate on it. My own exposure to this problem began about twenty years ago when I participated in some of the original studies on LSD at the National Institute of Mental Health. When I first came to Chicago about fifteen years ago, I was the Project Director for one of the early "drug free" treatment programs aimed at treating heroin addiction at the county jail. At that time it was an affliction restricted primarily to blacks, Puerto Ricans, and a few whites associating with these people or musicians.

In the short space of time from then until now, a massive movement in drug abuse has grown up, flowered, seeded, died, and revived again in many different forms. The psychedelic age of Aquarius has swept like an epidemic among successive generations and age groups. Actually several years ago one could separate out the marijuana-psychedelic subgroup. He could also distinguish an amphetamine group, a certain proportion of whom alternately used amphetamines and barbiturates. Another subgroup was the primarily barbiturate group, medically induced among older individuals, and self-induced in some youngsters. Among black abusers, marijuana and heroin were often related. Among Puerto Ricans, alcohol and marijuana tended naturally to relate to heroin misuse.

For many white middle class youngsters, there was about five years ago what I called a "needle barrier". That is, their misuse went only so far as anything that did not entail the use of a needle for injection. For whatever reasons suddenly this inhibition collapsed and many youngsters, playing first with barbiturates, or amphetamines or both, began the experimental, and often deadly, path toward the use of heroin. Nevertheless, it is probably a mistake to feel that the younger generation is immune to outside adult influences.

Although I cannot prove it, it is my feeling that the effectiveness of the vigorous anti-LSD campaign (LSD produces chromosomal damage, etc.!) was vastly influential, in a subtle and indirect way, in propelling the youngsters away from the psychedelics and *toward* the more dangerous pursuits of Needle Park. Another influential adult factor in accelerating more dangerous drug misuse, such as heroin, is the periodic drying up of the marijuana trade. This was perhaps particularly true of the effectiveness of Operation Intercept along the Mexican border. A kind of Gresham's Law seems to hold that is, the sudden reduction in the availability of a less dangerous drug seems to drive many of its abusers toward the pursuit of a more dangerous drug. A recent report from southeast Asia tends to confirm this since the crackdown on marijuana had resulted in the accelerated availability and use of the much more dangerous opium and heroin.

Within the last five years the older brothers and sisters of the psychedelic generation, who had not been caught up in needle drugs, have been largely dropping out of drug misuse. They have tended to return to tried and true American alcohol and in some cases, alcoholism. As many had stupefied themselves with psychedelics and others with barbiturates, they now tend to stupefy themselves with beer, malt liquor and the apple-dapple-zapple candy wines created especially for their sweet teeth by the alcohol industry. Many also recreationally use marijuana, generally in a controlled and intermittent manner, often in conjunction with alcohol. Another healthy segment of this population, many of whom have gone the Jesus route, have temporarily at least cut themselves off from "polluting" agents of all kinds. But their younger brothers and sisters have all too frequently taken up the pill, the cube, and the needle, where their older brothers and sisters have left off or dared not go.

It has been estimated several years ago that of the 25 to 45 million youngsters who had experimented with marijuana, 20% of these went on to the use of psychedelic drugs, 20% of these went on to the use of amphetamines, barbiturates, and related drugs, and 20% of these went on to the use of heroin. These figures are very rough. Nonetheless, it has been estimated that there are at the present time 200,000 to 500,000 heroin addicts in the United States and that the number is growing rapidly, at the rate of 10,000 per year, to as high as 100,000 per year.

If a heroin user needs $50 to $250 a day to feed his habit, and gets 20% of the value for anything stolen, he must steal $250 to $1,250 worth of goods per day to keep his habit going. Obviously, this is no small amount of money and goods expropriated from the community daily. In a society that prides itself on the impermanance and transitoriness of everything, or planned obsolesence, perhaps this fact has its good side in the turn over of goods and services. Regardless, in actual fact it is an enormous loss not only of property, but of lives.

It is not true that no one was concerned about heroin addiction prior to the introduction to it of white middle class America, but it is equally true that far more constructive efforts have been made since that time. There is no doubt about the importance of dealing with drug abuse at every level, from the youthful experimenter to the adult addict. But one of the most maligned (often appropriately, but not always) least understood, and most desperately needful segment of the drug abusing population is the narcotic addict. Whether he be black, Spanish, or white middle class, the problem of his addiction and our problem in dealing with it are enormous and expensive.

One of the findings I was instrumental in bringing to professional attention some years ago was the self-imposed *cyclical* nature of the abuse the addict induces in himself. Once he has become tolerant to a particular drug, he learns that stretching out the interval between doses, even to the point of putting himself in relative withdrawal, and then taking a large dose give him the possibility of renewing the "high," even if poorly and briefly. It is thus no surprise that the first thing an addict does when he leaves a jail, or a hospital, or an "abstinence" program, is to get the shot which he has been dreaming about and which he hopes will permit the renewed possibility of the high, previously lost.

It is hoped that this cycle may be broken by regular use of methadone, a heroin substitute. With treatment, such programs substitute the legal narcotic methadone, by mouth, for the illegal narcotic heroin by needle. But most programs tend to mass the dose all at one time, not too dissimilarly to what the addict will do on the street. That is, if a patient is on a dose of 20 to 120 mg. of methadone, most clinics will insist that the patient take the entire day's dosage by mouth usually in a sweet liquid all at once. The net effect of this kind of dosage scheduling is initially at least to get the patient slightly high for a few hours, or "make him feel normal". This is then followed by a long period of relative withdrawal until the next dosage in the same manner the next day. This is of course not true of all patients on methadone programs but it is certainly true of a great number of them. Such roller-coaster blood levels cannot help but leave many of these patients alternately "high" or "drunk" and alternately slightly withdrawn, abstinent, or "in pain". Few doctors would administer aspirins, antibiotics, or very many other medications only once a day, since they are well aware of the importance of maintaining stable blood drug levels in patients who require most medications over a 24 hour period.

The methadone maintenance program, which would seem to be our best help of doing something about heroin and its attendant problems, is today in the midst of great disputes, of many different kinds. First of all there is the issue of public programs vs. private programs. Then there is the issue of high dosage vs. low dosage, all at once or spaced out.

This of course is to say nothing of what in many people's minds is the main issue, that is, abstinence vs. maintenance, or cure vs. perpetuation. Having administered an abstinence program some years ago, and currently as the administrator of a methadone maintenance program, I can tell you unequivocally as far as I am concerned maintenance is incomparably superior to the delusion of abstinence. In the first place most patients cannot tolerate abstinence, except under incarcerated circumstances. Obviously the federal government feels that methadone maintenance is a much superior approach, since probably 50,000 patients are enrolled in such programs across the country, as opposed to a much smaller number in abstinence programs, whose successes, though sometimes conspicuous, are numerically insignificant. Furthermore, recent studies over a 6 year period of 17,000 patients in and out of methadone maintenance programs in New York by Dr. Francis Gearing have demonstrated striking and disturbing findings. She found that with an expected death rate of 6.6 per 1,000, the death rates of those on methadone maintenance programs was 7.6 per 1,000. She also found that of those who left methadone programs for any reason, the death rate was 28.2 per 1,000 as opposed to an expected rate of 7.6 per 1,000. Furthermore, she found that of those who were detoxified, that is controlledly and progressively medically withdrawn from methadone, as opposed to maintained on it, the death rate was a whopping 82.5 compared to the expected rate of 7.8 per 1,000. If anything it would appear from her figures that detoxification, or "abstinence" as it is called in some circles, may be a far more dangerous state to the individual and perhaps indirectly to the community than a methadone maintenance program.

But what of the other issues I have mentioned above that is public vs. private, and high dosage vs. low dosage? As to public vs. private, there is no question that there is an enormous need for great diversity of approaches. The ghetto black and barrio Puerto Rican, often faced with an overwhelming employment problem and disabling social setting, may be desperately in need of a public program which cares for him in terms of housing, food, clothing, and medication to help prevent him from other solutions far more harmful to the community. Dr. Jerome Jaffe, who had pioneered this approach here in Illinois and was rewarded for his competence and effectiveness with the post of Director of the White House Special Action Office for Drug Abuse Prevention, has been an active and important advocate of the public approach. Nonetheless, vital as it is, there is also a crucial need for private programs. The public program is not free. It costs millions of dollars of tax money. The private program is also not free, but its cost is borne by the patient himself, which in many cases is not only where it belongs, but where it should be borne. To view the methadone patient as a 2nd class or 3rd class citizen, when he can and will pay his own way, is to deprive him of the right to private medicine, a right strenuously fought for and advocated by American medicine, and most citizens affluent enough to be able to afford it. Recently the director of the Illinois State Medical Society, Dr. William Lees, and the Society have gone on record professionally as advocating the need to preserve the role of the private physician in the treatment of narcotic addiction and the dispensing of narcotics. Most of the great advances in medicine today are the result of this vital system of private *and* public medicine as well as private *and* public research supported *and* endowed publically *and* privately in public *and* private institutions. The very finding and instituting of methadone as an agent useful in the treatment of narcotic addiction is one of the great discoveries of this system of private and public medicine.

What of the issue of low dosage vs. high dosage? This is a technical question and certainly not one on which the answer is resolved. Yet there are many who believe that it has been by some fiat on high. Also many public clinics are administered by methadone maintained addicts, often called euphemistically "ex-addicts". The properly run private clinic has a full staff of professionals, since it is believed that the professional, particularly in the psychiatric and related fields, should and can, thus deliver the kind of care that is required for the addict. Others hold the view that *only* an addict knows an addict, and therefore only an addict can understand and deal with the problems of an addict. This last attitude has resulted in the "ex-addict" achieving status, identity as such, and a new "career"". This is sometimes at the expense, or to the detriment, of others over whom he has charge, and toward whom he is not infrequently prone to play out what is called the "power trip". Also many such public clinics become sluices for illicit methadone street sale. Obviously, the improperly run private clinic can become this also, but let us hope we can trust the qualified physician-researcher a bit more than the recently rehabilitated street addict.

One of the main features of a private clinic is that it encourages and enforces the seeking of gainful employment and the achieving of individual dignity, responsibility, and self-respect, away from the umbilical relationship to the drug. Most patients in a public clinic are required for a considerable period of time to attend daily for medication and counseling. The private clinic focuses on the patient fulfilling himself *in his life*, independent, or only minimally dependent, on the necessary relationship to the clinic for medication and psychotherapy.

It is always invidious to draw sharp contrasts and to provide neat answers. There is no question but that many approaches to the drug problem or problems are necessary and even the experts disagree or may be uninformed. A recent editorial in the American Medical Association Journal, for example, failed to understand that the *prevention* of drug abuse is a completely separate problem from that of the *rehabilitation* of the drug abuser. The solution to one of these is not necessarily related to the approach to the other. There are even those who would attempt to quarantine the reported 500,000 plus addicts in detention camps presumably for rehabilitation—an exorbitant and impossible task at best, even if they could all be rounded up. But a society that wishes to puritanically impose such concepts as cure, or abstinence, upon those who are subject to the most overwhelming psychophysiological demand can have little understanding of that demand. That I cannot stop using coffee, or that another cannot stop using tobacco, or alcohol should give some small inkling of the difficulty confronting an addict who wishes to stop using heroin or methadone. But, on the other hand, many do and can stop using heroin with proper help.

Before we can deal with this ever changing melange of shifting problems within problems, we must nail down what tiny or large fragments of them we can get in hand. We must develop preventive approaches such as proper education for parents, teachers, and students. But we must also preserve an open attitude toward treatment and prevention in a field where no one really has the answers. All of us must avoid foreclosure of any approach prematurely, or by authoritarian edicts about the right way. Absolutism at this point can have no usefulness in the midst of our great ignorance, despite the pain of slow progress, we can and will bring under control this many-headed monster.

(Enclosure 2)

A PROGRAM TO PREVENT THE CONTINUED SPREAD OF DRUGS WITHIN THE CHICAGO PUBLIC SCHOOL SYSTEM

(Presented by the Chicago Board of Education and The National Council on Drug Abuse)

INTRODUCTION

During the May, 1971 Senate hearings on drug abuse, held in Chicago, Illinois and chaired by Senator Harold Hughes of Iowa, Dr. Charles Jaffee, former Director of The Illinois Drug Abuse Commission, and currently the Director of the newly created Special Action Office on Drug Abuse Prevention, stated, "Drug

Abuse continues to spread unabated in the inner city communities of Chicago." During the September, 1972 conference on drugs, sponsored by the Chicago Public School System, Dr. James Redmond, Superintendent of the Chicago public schools, spoke convincely of the need for federal funds to stem the flow of drugs in the city public schools. One of the major reasons, identified during these meetings, for the spread of drugs among children and young adults is the extensive ignorance and general lack of information relative to the dangers inherent in illicit drug use.

However before school aged children can be expected to appreciate the potential harmful effects of drugs, teachers and parents must be fully acquainted with drugs and committed to providing an effective vehicle for transmitting meaningful drug abuse information to our school aged children. This effort, however, must extend beyond the usual program of drug abuse education, since most of these programs are constrained by a time frame of anywhere from a one day seminar focusing on a target group of between twenty to thirty participants to a one year project designed to reach an unlimited number of unidentified participants without a procedure to follow up and in some measures ascertain the impact of the program on the target group.

To be effective, educational programs designed to prevent the use of drugs must be continuous and the information provided must be reinforced over an unlimited time frame.

In addition to a continuous updating and flow of information to the original program participants, a vehicle to transfer and disseminate drug information to a secondary group, thus extending the base of drug education recipience, must be established and activated.

This approach suggests a comprehensiveness of effort both in terms of an unlimited time frame for program development, implementation and follow-up and the inclusion of a broad based representation of program participants.

This approach also suggests the need for a highly skilled and thoroughly experienced organization to effectively conduct educational training sessions in order that a comprehensive program can be carried out. The National Council on Drug Abuse Prevention measures up to that need.

NATIONAL COUNCIL ON DRUG ABUSE

The National Council on Drug Abuse, a not for profit organization, has been operative for two years and during that time has provided clinical services to over one thousand drug abuse patients, and prevention programs to an audience of over ten thousand.

The Council is staffed by four full time professional and two clerical assistants and is supported largely by fees charged to patients of the Methodone Maintenance Clinic, a service operated and maintained by the National Council. Counselor training, drug abuse seminars, clinical research on the causes and effects of drug abuse and publications which include the Drug Abuse Newsletter and the Drug Abuse Digest constitute the major activities of the Council.

PROPOSAL

In cooperation with the Chicago Board of Education, the National Council on Drug Abuse proposes to design, initiate and conduct a series of seminars for parents and teachers of school aged children and young adults on the harmful effects of drug use. The Council will provide a program to achieve the following objectives:

(1) Provide a model program design of drug abuse education for parents and educators of our young.

(2) Establish a mechanism for effectively transmitting drug abuse education throughout the total community.

(3) Establish an emergency service for drug users.

(4) Establish a citizens' committee for the prompt and expeditious prosecution of drug peddlers.

(5) Establish liaison with local, state, and federal agencies for the coordination of program activities.

(6) Design and develop a clearing house for drug abuse education programs.

The following program will be evaluated relative to its success in achieving the above objectives.

PROGRAM

Personnel from each of the twenty-seven Chicago public school districts and representatives of the six hundred and four elementary and high schools in the Chicago Public School System will participate in a three week institute on drug abuse education.

Institutes will be organized by Public School Districts and will include representatives from every school within a given district.

School districts identified as serving communities where the problem of drug abuse is most widespread will be allowed first priority in program participation.

PARTICIPANTS

Institute participants will be selected by the principal of each elementary and high school within a school district.

The number of participants from each school will be determined by the proximity of the school to the inner city and the total student enrollment. Generally speaking one person will be selected to participate from a given school for every one thousand students enrolled. However, a factor that will allow for a smaller ratio of participants to students is the location of the school.

Schools located in the inner city and serving mainly low income minority students face a greater challenge in combating drug abuse and therefore will be expected to provide training for a larger number of school personnel than for schools located outside of the inner city.

The following chart provides a guide for selecting the number of participants from each district.

Ratio of students to drug abuse specialists

Number of students:	*Participants*
Inner city schools:	
0 to 750	1
751 to 1,000	2
1,001 to 2,000	3
2.000 to 2,999	4
3,000 to 3,999	5
Other schools:	
0 to 1,000	1
1,001 to 2,000	2
2,001 to 3,000	3
3,001 to 4,000	4

Using the above chart as a guide each district will select an appropriate number of institute participants for training and development as Drug Abuse Specialists.

TRAINING

Institute participants will be allowed released time to participate in the training sessions. Each participant will attend three weeks of intensive drug abuse training.

The first week will provide orientation to the types of drugs most commonly used by school aged children, and training on establishing a drug abuse office in a school setting.

The second week of training will be conducted approximately ten weeks after the orientation week and will emphasize information dissemination, community participation, and a focus on problems encountered by the participants during the first ten weeks of their programs.

The third and final week of the institute will commence approximately fifteen weeks after the second week of training and will include a more intensive and sophisticated effort to train school drug abuse specialists.

The following institute outline provides a tentative schedule of topics to be covered.

	Topic
First week:	
Monday	Orientation to dangerous drugs.
Tuesday	Overview of the drug problem.
Wednesday	Recognizing the potential drug user.
Thursday	Establishing a drug abuse center.
Friday	Cooperation with involved agencies.
Second week:	
Monday	A review of major drug abuse concepts.
Tuesday	Funding drug abuse projects.
Wednesday	Counseling the potential drug user.
Thursday	Disseminating information on drugs.
Friday	Involving total school staff in combating the problem.
Third week:	
Monday	A design to evaluate a drug abuse program.
Tuesday	Setting-up community based seminars.
Wednesday	A model curriculum for drug abuse education.
Thursday	Working effectively with law enforcement agencies.
Friday	Future directions.

Because of the intensity and severity of the drug abuse problem in the communities of the Near West and Near South side of Chicago, School Districts 8, 9, 10, and 11, will be scheduled during the first weeks of the program. The remaining twenty three districts will be scheduled according to the priorities of the Chicago Board of Education.

Selected personnel from every school district will have completed the first week of the institute during the first six months of the program with approximately fifty percent completing the second phase within the first six months.

It is therefore expected that by the end of the current (72–73) school year every school under the jurisdiction of the Chicago Board of Education will be actively involved in preventing the spread of drugs through a drug abuse education center, housed within the school and operated by a trained Drug Abuse Specialist.

ROLE OF THE NATIONAL COUNCIL ON DRUG ABUSE

Planning and program implementation: The National Council on Drug Abuse in cooperation with the Chicago Board of Education will design a plan for implementing each of the program components. The plan will identify program content, designate program staff, provide for a monitoring and evaluation mechanism and specify the total amount of money needed to carry out each phase of the program.

A. Training Institute: The institute program will be conducted and coordinated by the National Council on Drug Abuse staff or persons selected by the Council to carry out specific portions of the program. A curriculum for training Drug Abuse Specialist will be developed by the Council and a description of the specific responsibilities of the Drug Abuse Specialist will be provided to assist the Board of Education in selecting personnel for training.

B. Monitoring Performance of the Drug Abuse Specialist: The success of this program depends largely on the performance of the Drug Abuse Specialist in establishing his office, selecting his staff, and carrying out his responsibilities to the students and the community. The National Council on Drug Abuse through its Post Graduate Center for Drug Abuse Education will provide staff on a regular basis to assist the Drug Abuse Specialist in developing his program through individual consultations and group seminars. The group seminars will be arranged so that ten to fifteen schools will be represented. These one day sessions will be arranged by school district coordinators and the National Council on Drug Abuse. They will focus on providing information that will assist the individual in continuing to develop his skills as a drug Abuse Specialist.

Responsibilities of drug abuse specialist

Financial constraints prevent the Chicago Board of Education from staffing the drug abuse centers with full time staff. Therefore drug abuse specialists will continue to function in their positions as teachers, counselors, or administrators but will reduce their regular assignment to fifty percent of their scheduled work load. The remaining fifty percent of their work schedule will be devoted to operating the center.

Supportive staff

Clerical support will be provided by volunteer students, school personnel and parents. It will be the responsibility of the center director to recruit and train his supportive staff.

The drug abuse specialist will be selected on the basis of his interest in the drug problem and his commitment to designating and implementing a program to effectively reduce the potential spread of drugs within his school and the surrounding community. Although the programs will be tailored to meet the special needs of each school the following components will provide a common base of services rendered:

(*1*) *Faculty Orientation.*—The drug abuse specialist will be responsible for eliciting the active support of school personnel. This support will be generated by a series of orientation meetings with faculty, counselors and administrators and will be reinforced by memorandums, individual sessions, and progress reports. Faculty will be encouraged to volunteer their time to carry out various tasks. To the extent possible, faculty and other professional personnel will encourage students to visit the drug abuse center and participate in the program.

(*2*) *Student Orientation.*—A campaign to publicize the drug abuse center through the established student organizations and to elicit the assistance and support of the student government in program design and implementation will constitute the major thrusts of student orientation. Select students will be the catalysts between the center and throughout the school and disseminate information as requested. Each student working as a volunteer will attend a series of in-house meetings to orient him as to the purpose and goals of the program.

(*3*) *Community Organizations.*—The drug abuse specialist will develop liaison with community organizations, in an effort to effectively expand the drug abuse prevention program into the community. The community boundaries of each school will determine the size of the population to be served and will establish parameters for identifying the organizations and agencies for a cooperative and coordinated effort.

(*4*) *Parent-Teachers Associations.*—The PTA of each school will play an active and vital part in the success of this program. Parents of school aged children are in a unique position to educate and to guide and therefore can serve to reinforce the efforts of the drug abuse specialist. Parents will be encouraged through the PTA to participate in a series of informal evening meetings with staff from the national council. The purpose of these meetings will be educational and informative and will attempt to alert parents to the dangers of drug usage. Although these meetings will be conducted cooperatively by the PTA and the National Council the schools Drug Abuse Specialist will monitor and chair the meetings. This type of exposure will serve to identify the drug abuse specialist and his program as the focal point in a community/school effort to prevent drug abuse through education.

Organization

The office of the drug abuse specialist will include, in most schools, a minimum of two trained specialists. The responsibility for conducting the drug abuse programs will be shared by the assigned staff members with specific tasks to be dependent on the preparation and training of each individual.

The principal of each school in consultation with the Drug Abuse Specialists will designate the role of each staff member in carrying out an effective program.

District coordinator

Each school district will provide a drug abuse coordinator who will be responsible for monitoring, coordinating, and assisting the Drug Abuse Specialists in conducting programs in each of the schools in his district.

The district coordinator will provide a central office function and will have supervisory authority over drug abuse staff within his district.

The district coordinator will participate in the three week institute but by virtue of his previous training and experience will already qualify as a drug abuse specialist. His previous training will include the rehabilitation function in addition to a full understanding and recognition of education as a potentially effective preventive tool.

In demonstrating the importance of this program and a commitment to provide the vehicle to stop drug abuse from spreading and endangering the lives of our children, The Chicago Board of Education shall assign a Drug Abuse Coordinator to the administrative offices of the Superintendent.

Central office coordinator

The Central Office Coordinator will be responsible for functional supervision of the total program and in carrying out this responsibility will meet regularly with the District Coordinators. Meetings and monthly progress reports will help to monitor the success of each school district in carrying out an effective program.

Advisory committees

Each school's Drug Abuse Specialist will organize an Advisory Council consisting of parents, community leaders and school personnel. Meetings will be conducted as often as the Drug Abuse Specialist deems necessary but at least once each month. The Advisory Council will assist in policy making activity, publizing the program, and in seeking additional or supplementary funding.

Follow-up

The National Council will provide follow-up on a continuous basis. Follow-up will include visits to each of the schools on a regular basis to evaluate the progress of the Drug Abuse Center in achieving the goals of the program, consultation by request with the Drug Abuse Specialists at the local school, and monthly seminars arranged by school districts to continue the process of providing current information and new concept orientation relative to preventing the spread of drug abuse.

Tentative budget[1]

	Amount
Personnel:	
Project director	$25,000
Project coordinator	20,000
District coordinators (27)	445,000
Secretaries (3)	20,000
Clerk typists (15)	90,000
Total salaries	600,000
Fringe benefits	90,000
Total personnel costs	690,000
Institute staff:	
Training coordinator	17,500
Instructors at $13,500 (6)	81,000
Group leaders at $10,000 (4)	40,000
Secretaries at $6,500 (2)	13,000
Total Institute costs	151,500
Consultant services:	
150 days at $200 per day	30,000
Per diem at $5 per	750
Total consultant services	30,750
Supplies and materials:	
Office (local schools)	25,000
Office (NLODA)	5,000
Total supplies and materials	30,000
Equipment:	
Office furniture	250,000
Office equipment	250,000
Total equipment	500,000
Travel:	
Local	12,500
Out of town	6,300
Total travel costs	18,800
Total travel costs	1,421,050
Indirect costs at 15 percent	213,157
Total project costs	1,634,207

[1] Entire amount to be funded by NIMH.

(Whereupon, at 1:55 p.m., the hearing was adjourned, to reconvene Thursday, September 28, 1972, in San Francisco, Calif., entitled "Drugs in Our Schools, San Francisco, Calif.")

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